



Grace United Methodist Church  
1300 E. Adams, Franklin, IN 317-494-6070

**All God's Children Preschool**  
Grace United Methodist Church  
1300 E Adams, Franklin, IN 46131 317-494-6070

### Registration Form

Child's Name \_\_\_\_\_  
Please Print – Last First MI

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do both parents reside at the same address? Yes No  
Does child reside with someone other than parents? Yes No

If Yes Name: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency contact if parent cannot be reached. Please list someone other than parent.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

### RELEASE OF LIABILITY AGREEMENT

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for him/her to participate in All God's Children Preschool classes and field trips during the school year.

In the event of an emergency, I give permission to the leaders of All God's Children Preschool and/or Grace United Methodist Church to render first aid, as well as the physician selected by the adult leader to also render first aid for any hospitalization, secure proper anesthesia, order injections, or secure medical treatment, as needed.

I further agree to hold harmless and indemnify the All God's Children Preschool leaders and Grace United Methodist Church from any and all claims for damages arising out of personal injuries sustained by my child or ward, at any class time, playground, playroom, lunchroom, and field trips, and I hereby fully and forever release and discharge the All God's Children Preschool Director and staff, and Grace United Methodist Church from any and all said claims.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

### CLASS CHOICES

Although we cannot guarantee your 1st class preference, as classes fill up quickly; we will do our best to honor your 1st choice. \*PM classes will be held only if interest/enrollment is high enough.

#### 1<sup>st</sup> Choice-Class: (circle age)

age 2's (a.m. only) \*

Age 2 or 3 M/W a.m. \_\_\_\_\_ p.m. \_\_\_\_\_\*

Age 2 or 3 T/TH a.m. \_\_\_\_\_ p.m. \_\_\_\_\_\*

Pre-K-4's T/W/TH a.m. \_\_\_\_\_ p.m. \_\_\_\_\_\*

Pre-K-5's M/T/W/TH a.m. \_\_\_\_\_ p.m. \_\_\_\_\_\*

#### 2nd Choice-Class: (circle age)

age 2's (a.m. only) \*

Age 2 or 3 M/W a.m. \_\_\_\_\_ p.m. \_\_\_\_\_\*

Age 2 or 3 T/TH a.m. \_\_\_\_\_ p.m. \_\_\_\_\_\*

Pre-K-4's T/W/TH a.m. \_\_\_\_\_ p.m. \_\_\_\_\_\*

Pre-K-5's M/T/W/TH a.m. \_\_\_\_\_ p.m. \_\_\_\_\_\*

**Bonus Friday** \_\_\_\_\_ (check box if selecting)  
(Optional extra day, limited availability)

### OFFICE USE ONLY

Program \_\_\_\_\_

Teacher \_\_\_\_\_

Room \_\_\_\_\_

Enrollment Date \_\_\_\_\_

Registration Fee Paid \_\_\_\_\_

Check # \_\_\_\_\_

**TUITION RESPONSIBILITIES**

We, (I) agree to pay a **\$75.00 non-refundable registration fee** with this form to hold a place open, and 9 (nine) tuition payments for the entire school year. Payments are due the **first day of every month** regardless of absenteeism. (a \$10.00 late fee will be applied to your account after the 10th of the month). In the event of withdrawal, all agreements are terminated. Make all checks payable to **All God s Children Preschool**. All tuition payments should be placed in the mailbox located outside the preschool office. Monthly tuition for 2-day programs = \$95.00, 3-day programs = \$120.00, 4-day programs = \$145. Bonus Friday = \$35.00 additional per month. (Sibling and advance-pay discounts are offered.)

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PHOTO PERMISSION**

We, (I) \_\_\_\_\_, hereby give permission for All God s Children Preschool and/or Grace United

Methodist Church to use any photos of my child, \_\_\_\_\_, that might be taken throughout the school year to be used for birthdays, crafts, slideshows, church directory, newspaper, or brochure for publication.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHILD/FAMILY HISTORY**

Name and ages of siblings:

Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

Is your family a member of Grace United Methodist Church? Yes or No

Are you interested in attending Grace United Methodist Church? Yes or No

What church do you attend? \_\_\_\_\_

**HEALTH MATTERS**

- 1) Has your child had the chicken pox vaccination? Yes No
- 2) Has your child had the chicken pox? Yes No
- 3) Is your child potty trained? Yes No (**Children entering 3-year-old and Pre-K classes must be potty trained.**)
- 4) **Is your child allergic to any types of food?** Yes No

If yes, please list all foods \_\_\_\_\_

5) **Is your child allergic to any products, or other?** Yes No  
If yes, please list all items \_\_\_\_\_

6) Has your child ever had a seizure? Yes No  
If yes, please indicate when and why \_\_\_\_\_

7) Does your child take any medication? Yes No  
If yes, please indicate what and why \_\_\_\_\_

8) Has your child ever been hospitalized? Yes No  
If yes, please indicate when and why \_\_\_\_\_

9) Do you have any concerns about your child's hearing? Yes No

10) Do you have any concerns about your child's vision? Yes No

11) What language does your family speak at home? \_\_\_\_\_

12) Has your child had a previous evaluation, such as speech or learning delays? Yes No  
If yes, please indicate when and where? \_\_\_\_\_

13) Does your child currently receive special services? (such as speech therapy, physical therapy, etc.) Yes No  
If yes, please indicate what services and where? \_\_\_\_\_

14) Has your child previously attended or is your child currently attending a preschool or childcare program? Yes No  
If yes, please indicate when and where? \_\_\_\_\_

15) Information concerning any special need your child might have (big or small) \_\_\_\_\_