

Cullowhee United Methodist Church
PO Box 1267
Cullowhee, NC 28723

Application for Cullowhee Kids Pre-School Program 2008-09

Child's Name			
(Last)	(First)	(Middle)	(Nickname)
Mailing Address		City	Zip
Physical Address		City	Zip
Age	Birth Date		

INFORMATION ABOUT THE FAMILY

Father's Name	Home Phone
Mailing Address	Email
Where Employed	Business Phone
Mother's Name	Home Phone
Mailing Address	E-mail
Where Employed	Business Phone

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies (such as dust, drugs, plants, animals, food, etc): If yes, be specific:

Please give any information concerning your child which will be helpful in his/her experience in the group, such as play, eating and sleeping habits, special fears, special likes or dislikes, specific needs:

EMERGENCY CARE INFORMATION:

Name of child's doctor	Office phone	
Office address		
Name of child's dentist	Office phone	
Office address		
Hospital preference		
If neither father nor mother (or guardian) can be contacted, call		
Name	Relationship	Phone
Name	Relationship	Phone

I agree that the teacher may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I understand that Cullowhee Kids is a non-profit, unlicensed preschool ministry of the Cullowhee United Methodist Church. It is intended to serve children with an emphasis on learning through play in a Christian environment.

Signature of Parent _____ Date _____

A non-refundable registration fee of \$50.00 payable to Cullowhee United Methodist Church is due at time of registration.

Please indicate preference:

- _____ four-year old class, 4 days per week - Monday-Thursday
- _____ four-year old class, 3 days per week - days to be determined by teacher
- _____ three year old class, 3 days per week - days to be determined by teacher
- _____ two year old class, 3 days per week - days to be determined by teacher