

Edge Park United Methodist Preschool

## **Enrollment Information**

Child's Name (First, Middle, Las	t):				
Date of Birth:	Nic	Nicknames:			
Home Address:					
City:	State:	Zip:	Phone a	#:	
	Far	nily Informati	on		
Mother's Name:		Occupation:			
Employer:		Work #:		Cell #:	
Email address:					
		Occupation:			
Employer:		Work #:		Cell #:	
Email address:					
Parents are: D Married D Tog	ether, but no	ot married	Not together	Separated Divorced	
Any special custody arrangement	nts or restric	tions concerni	ng the child na	amed above? 🛛 Yes 🖵 No	
If yes, please explain/attach c	locuments:				
Child may be released to: D m	other 🛛 fat	her 🛛 other	(list on Emerg	ency Authorization)	
Child lives with: Description Both parent	s 🛛 Mother	r 🛛 Father 🗆	Guardian		
If different nights, please exp	lain:				
Other members of child's immed	liate family (	including any	pets):		
Primary Language Spoken at Ho	Language Spoken at Home: Church Affiliation:				
	Inc	dividual Profi	le		
Describe child's general temperation handle day to day routines.)	ament (i.e. a	ctivity level, a	oproach to nev	w situations, how does he/she	
Please list particular interests, lil like us to know.	kes, dislikes,	, and any othe	r information a	about your child you would	

If changes occur in the child's life, please let us know. It does impact a child's behavior or disposition.