

# 2023- 2024 United Methodist Church of Antioch Preschool Registration

I would like to enroll my child in the  
Tuesday/Thursday Preschool Program \_\_\_\_\_  
Monday/Wednesday Preschool Enrichment Program \_\_\_\_\_  
Both \_\_\_\_\_

Child's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Nickname \_\_\_\_\_  
Siblings' names & ages \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name \_\_\_\_\_  
Mother's Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_  
Father's Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Preferred email for receiving information from the preschool. Please check  
one. Both \_\_\_\_\_ mother only \_\_\_\_\_ father only \_\_\_\_\_.

## EMERGENCY CONTACT (Please list two people other than parents)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

MEDICAL INFORMATION

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Medical Problems \_\_\_\_\_

Special  
Needs \_\_\_\_\_

In the event of an illness or accident that requires immediate medical treatment at a time when a parent cannot be located, I give permission for the program director, or other personnel designated by the director, to authorize such treatment for my child.

\_\_\_\_\_  
Date \_\_\_\_\_  
(Signature of Parent or Guardian)

I give permission for my child, \_\_\_\_\_ to accompany his/her class on field trips and neighborhood walks.

\_\_\_\_\_  
Date \_\_\_\_\_  
(Signature of Parent or Guardian)

I give permission for my child, \_\_\_\_\_ to be photographed by the preschool staff. Photos may be used on our website, ClassDojo, newspaper, and the church newsletter. Names are never posted.

\_\_\_\_\_  
Date \_\_\_\_\_  
(Signature of Parent or Guardian)

How did you hear about our program?  
Church \_\_\_\_\_ Friend \_\_\_\_\_ Signs \_\_\_\_\_ Newspaper \_\_\_\_\_ Other \_\_\_\_\_

A \$50.00 non-refundable registration fee (**per program**) is due at the time of registration. Please make checks payable to U.M.C.A.

For office use only,

Date Paid \_\_\_\_\_  
Cash \_\_\_\_\_  
Check number \_\_\_\_\_  
Bank payment \_\_\_\_\_



# Find us on Facebook

(United Methodist Church of Antioch Preschool)

- \* Get information on upcoming events
- \* Find out about what we are learning
- \* Keep track of important dates
- \* Learn how you can help your child's teacher
- \* See photos of students learning and events

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 Yes, I'd like to follow United Methodist Church Preschool on Facebook  
Parent signature \_\_\_\_\_

Child's name \_\_\_\_\_  
My email address is \_\_\_\_\_  
Profile name is \_\_\_\_\_

No, I do not give permission for my child's picture to be on Facebook

Child's name \_\_\_\_\_  
Parent signature \_\_\_\_\_

To: United Methodist Church of Antioch Preschool Parents,

You can pay online for tuition if your bank will do EXTERNAL TRANSFERS. Bill pay will only work if you want the bank to cut a check and send it to the church. Please make sure your bank can do the transfers and make sure your name is on it so we can have it posted accurately to your account.

The church account information for this purpose is:

Heartland Bank and Trust

Routing # 071112066

Account number 5101007036

If you have any questions, please contact Robin Kessell at [finumc.antioch@att.net](mailto:finumc.antioch@att.net)

Blessings,

Kim Dodd

Director UMCA Preschool

847-395-1362

[Umcapreschool316@gmail.com](mailto:Umcapreschool316@gmail.com)