



Preschool Registration

Trinity United Methodist Church 6125 Blandville Rd., Paducah, KY 42001 (270) 534-9516, fax (270) 534-9517

3 year/Early 4 year class

Registration Fee \$75.00 Paid _____ Cash _____ Ck # _____

Registration Fees secure a place for your child in the preschool program, and purchase supplies. Registration fee is not refundable.

Check day preference. Every attempt to grant your request will be made.

Half Day _____ 8:00-11:30 Full Day _____ 8:00 -3:00pm

Options: 2 day – 3 Day – 5 Day

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Half Day Rates per month: 2-days per week is \$100/mo, 3-days per week is \$125/mo, 5-days per week is \$195/mo

Full Day Rates per month: 2-days per week is \$200/mo, 3-days per week is \$250/mo, 3-days per week is \$390/mo

Student: First _____ Middle _____ Last _____

Prefers to Be Called: _____ Birthday _____

Primary Guardian: Circle One Parents Mother Father Grandparents Other(See Below)

Mother _____ Phone _____

Address _____

Mother's Occupation/Employer _____

Father _____ Phone _____

Address _____

Father's Occupation/Employer _____

Do you have an affiliation with a place of worship? No: _____ Yes: _____ Where: _____

Guardian _____ Phone _____

Address _____

Guardian Occupation/Employer _____

Siblings living at Home: _____ Male Female Birthday: _____

_____ Male Female Birthday: _____

_____ Male Female Birthday: _____

Student Allergies: _____

Student Fears: _____ Medications? _____

Physician: _____ Phone: _____

Our primary concern is providing a safe, educational environment for your children. Security numbers are issued to all students. You will receive two copies. Whoever picks up your child is to have the number close at hand. If someone other than the designated pick-up person will be picking up your child, please let us know the morning of drop off.

Please provide the person with the security number. If you need an additional copy of the number let us know on back to school night. Your child will not be released unless the above mentioned criteria has been met. Please provide information below of those people allowed and not allowed to pick up your student.

Emergency Contact if Parent not Available: _____ Relationship: _____ Phone _____

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The following person(s) are not allowed to pick up my child:
