Hillsville Preschool

Sponsored by First United Methodist Church Hillsville, Virginia 276-728-2434

Registration Form

| Date: | | | | | |
|---|------------------------------|----------|------------|---------|-------|
| Name of Child: | | | | | 30- |
| Sex: M F | Age: | _ | Date of l | Birth: | |
| Street Address: | | | | | |
| Mailing Address: | | | | | |
| Phone# | | _Cell P | hone # | | v. 1. |
| Father's Name: | | | | - K | |
| Place of Employment: | | | | _Phone: | |
| Mother's Name: | | | | | |
| Place of Employment: | | | | Phone: | |
| I am registering my child fo | | | | | |
| Two-year-old Program: Meets Thursday & 9:00am until 12:00 Registration Fee: Monthly Tuition: | Friday's pm \$25.00 | | | | |
| Three-year-old Program: Meets Monday, Tue 9:00am until 12:00 Registration Fee: Monthly Tuition: | esday, & Wo pm \$25.00 | | - | | |
| Four-year-old Program:_ Meets Monday, Tu- 9:00am until 12:00 Registration Fee: Monthly Tuition: | esday, Wedi | nesday (| & Thursday | | |

If you cannot be reached in an emergency, please list two other people we can contact.

| 1 | | |
|---|--|------------------|
| (Name) | (Relationship to child) | (Phone) |
| 2. (Name) | (Relationship to child) | (Phone) |
| Doctor's Name: | Phone: | |
| Dentist's Name: | Phone: | |
| Preferred Hospital: | | |
| | *************************************** | |
| Is your child taking any medication? | (please list) | |
| Is there anything else we should kno for him or her? | w about your child that would be of | help in caring |
| <u>Release:</u> I give my permission for the Hillsvi | ille Preschool to obtain emergency i | medical care for |
| if my child should become ill o | (Name of Child) or injured and I cannot be immedial | ely located. |
| | Pa | rent's Signature |
| | N-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | Date |

Please complete this registration form and return it ASAP to: Hillsville Preschool, C/O First United Methodist Church, P.O. Box 356, Hillsville, Virginia 24343 or you may drop if by the First United Methodist Church office at 225 Fulcher Street in Hillsville, Monday through Friday, 8:30 a.m. until 4:00 p.m.

**The \$25.00, non-refundable registration fee must accompany this form in order to secure the child's place in class. Please make checks payable to: *Hillsville Preschool*.

Preschool Supplies

3 Rolls of Paper Towels (Prefer towels that are Selected-A-Size)

16-24 Count Crayons (Recommend Crayola)

2 Pocket Folders

4 Glue Sticks

1 Container of Baby Wipes

8 Count Water Colors Paint Set (4 yr olds only)

Wallet sized picture recently taken this year (4 year old class only)

Pencil Box (4 year old class only)

Sip Cup (2 year old class only)

1 Change of clothes labeled with your child's name (this includes underpants & socks)

Diapers (if applicable)