

**Office Use Only**

**Application Received:** \_\_\_\_\_

**Registration Fee Received:** \_\_\_\_\_

**Activity Fee Received:** \_\_\_\_\_

**First Month's Tuition Received:** \_\_\_\_\_

**DUMC Preschool 2019-2020  
Application for the Four Year Old Classes  
Monday - Thursday**

**All children MUST be potty trained before the beginning of the school year for our three and four year old classes.** This means your child can tell others when he/she needs to go to the bathroom. They can manage their clothing by themselves and get on and off the toilet by themselves. They are able to wipe themselves and wash their hands with soap and water.

Denver UMC Preschool will follow a cut-off for birthdays of August 31. **A non-refundable registration fee of \$75 is required at the time of registration.** The first month's tuition (non-refundable) is due May 20, 2019 (\$200). An Activity Fee of \$100 is due on August 26, 2019.

**Child's Name** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Age as of August 31, 2019** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Parent/Guardian Information**

**Mother's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**--OVER PLEASE --**

## Miscellaneous Information

Does your child have any health or allergy concerns? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Are there any developmental or education concerns that you have? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Is your child receiving any therapies? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

What was the gestational age of your child? \_\_\_\_\_

Names/Ages of Siblings: \_\_\_\_\_

\_\_\_\_\_

Previous preschool experience: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

DUMC Member? \_\_\_\_\_ Do you attend another church in our area? \_\_\_\_\_

Which one? \_\_\_\_\_

## Photo Permission

\_\_\_\_\_ I give my permission for Denver UMC Preschool to use photos that contain my child for classroom/hallway displays, website and social media purposes. I understand that the first name of my child will be used in classroom/hallway displays.

\_\_\_\_\_ I do **not** give permission for Denver UMC Preschool to use photos that contain my child for website or social media purposes. I do allow photos of my child to be used for classroom/hallway displays. I understand that the first name of my child will be used in classroom/hallway displays.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_