

Hilliard United Methodist Church Preschool

5445 Scioto Darby Road

Hilliard, Ohio 43026

614-876-7180

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katie@hilliardumcpreschool.org

Office Use Only

Start Date _____
 Check # _____
 Amt. Pd. _____
 Date Pd. _____

Parent Form

Circle One:		Child's Date of Birth / /	Circle One: Male Female
<u>Two & A Half</u>		E-Mail Address:	
Creative Playgroup T/TH (9:00-11:30) Must be 2 yrs. And 6 months			
<u>Threes</u>		Language Spoken at home:	
AM3 T/TH (9:00-11:30) Must be 3 by Sept. 30 (2 Days) PM3 T/TH (12:30-3:00) Must be 3 by Sept. 30 (2 Days) AM3 M/W/F (9:00-11:30) Must be 3 by Sept. 30 (3 Days) PM3 M/W/F (12:30-3:00) Must be 3 by Sept. 30 (3 Days)		Are you a participating member of the Hilliard United Methodist Church?	
<u>Fours</u>		If not, are you looking for a home church?	
AM4 M/W/F (9:00-11:30) Must be 4 by Sept. 30 (3 Days) PM4 M/W/F (12:30-3:00) Must be 4 by Sept. 30 (3 Days) AM4 M/T/W/TH (9:00-11:30) Must be 4 by Sept. 30 (4 Days) PM4 M/T/W/TH (12:30-3:00) Must be 4 by Sept. 30 (4 Days)		Who does your child live with at home address listed below: (Please circle)	
<u>Fives</u>		Mother Stepmother Foster Parents Father Stepfather Legal Guardian	
AM5 M/T/W/TH/F (9:00-11:30) Must be 5 by Sept. 30 (5 Days) PM5 M/T/W/TH/F (12:30-3:00) Must be 5 by Nov. 30 (5 Days)			
Child's First Name	Middle Name	Last Name	
Child's Home Address	City / Zip Code	Child's Home Phone #	
Father's Name	Occupation/Employer	Cell #	
		Business #	
Mother's Name	Occupation/Employer	Cell#	
		Business #	

Please circle any health conditions, physical limitations or concerns:

Asthma Child requires classroom aide Allergies: Environmental or Food Tubes in Ears

Delayed Large Motor Skills Delayed Speech Bone or Joint Issues Diabetes

Delayed Small Motor Skills Other: _____

Please explain any item circled: _____

Is your child currently taking any regular medication? If yes, please describe: _____

Was your child born outside of the United States? _____

Has your child spent 32 or more consecutive days outside of the United States? _____

Is there any additional information we need to help your child's orientation to preschool?

Divorce Recent Death in Family New Sibling

Custody Issues Other: _____

Please explain any circled items: _____