

Hilliard United Methodist Church Preschool

5445 Scioto Darby Road

Hilliard, Ohio 43026

614-876-7180

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Office Use Only

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

Parent Form

Circle One:

Two & A Half

Creative Playgroup T/TH (9:00-11:30) Must be 2 yrs. And 6 months

Threes

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)

Fours

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)

Fives

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 Date of Birth

/ /

Circle One:

Male Female

E-Mail Address:

Language Spoken at home:

Are you a participating member of the Hilliard United Methodist Church?

If not, are you looking for a home church?

Who does your child live with at home address listed below: (Please circle)

Mother Stepmother Foster Parents
 Father Stepfather Legal Guardian

Child's First Name

Middle Name

Last Name

Child's Home Address

City / Zip Code

Child's Home Phone #

Parent's Name

Occupation/Employer

Cell #

Relationship to Child

Business #

Parent's Name

Cell #

Relationship to Child

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: _____