



ENROLLMENT FORM

To enroll your child for the upcoming school year, please return this completed form along with the \$60 enrollment fee to:

Lamar United Methodist Church
900 Poplar St. Lamar, MO 64759
Phone: 417-682-3306
Email: sonrisepek@lumc.church

CHILD'S NAME _____

NICKNAME _____ BIRTH DATE _____ SEX **M** **F**

MOTHER'S NAME _____

Mother's Address (if different) _____

Primary Phone _____ Secondary Phone _____

Email _____

Employer's Name & Address _____

FATHER'S NAME _____

Father's Address (if different) _____

Primary Phone _____ Secondary Phone _____

Email _____

Employer's Name & Address _____

SIBLING NAMES AND AGES _____

EMERGENCY CONTACT OTHER THAN PARENT

NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

PLEASE LIST ALL PEOPLE (OTHER THAN PARENTS) WHO ARE ALLOWED TO PICK UP YOUR CHILD FROM PRESCHOOL.

NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____

HOME CHURCH (IF APPLICABLE) _____

PLEASE TELL US ABOUT ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS OR DISSABILILITIES, SPECIAL MEDICATIONS AND/OR RESTRICTIONS:

I understand that I will be notified immediately, in case of accident or illness of my child and I will make arrangements for the medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangement, or in critical emergency requiring medical care, I hereby authorize Sonrise Christian Preschool to contact:

Doctor/Clinic Name _____

Address _____ Phone _____

For emergency medical treatment of my child, my preferred hospital is:

Hospital Name _____

Address _____ Phone _____

My child's required immunizations are up to date: YES NO

Parent Signature _____ **Date** _____

Tuition assistance available. Forms are available in the church office.

Onsite daycare services are available for an additional fee.