



First Middle Last

Street _____ City _____ Zip Code _____

Email _____ May we Share with the Class _____

(PreK is for Four- & Five-Years Old's Attending Kindergarten in the Fall of 2026)

Please include the \$85.00 Non-Refundable Registration fee along with the Registration form to reserve the child's space.



STUDENT INFORMATION

Student Name _____ Name to Be Used in School _____

Address _____ Phone _____

Street

City

Zip

Date of Birth _____ Gender _____

Parent Emails _____

Members of the Household: Name Relationship Age

Pets: _____

School District _____ Township _____

How Did You Hear About Us? _____

Church Affiliation _____

Would you like more information about Thorndale United Methodist Church (TUMC)

Previous School Experience

This school _____ Other _____

Favorite Things to Do/Play _____

Any concerns or fears we should be aware of? _____

Any health concerns or allergies? _____

Any dietary restrictions? Please state the restrictions and reasons. _____



MEDICAL INFORMATION

Student Name _____ Date of Birth _____ Gender _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____

Emergency Contact Other Than Parents

Name _____ Phone # _____

Relationship to Child _____ Cell # _____

Name _____ Phone # _____

Relationship to Child _____ Cell # _____

Persons Authorized to Pick Up Child: _____

Persons NOT Authorized to Pick Up Child: _____

If we are unable to contact any of the above contacts, do we have your permission to have your child treated in case of an emergency? _____

Primary Physician _____

Physician's Phone _____

Dentist _____

Dentist Phone _____

Hospital Preference _____

Allergies _____

Dietary Restrictions and Reason _____

Medical Conditions _____

Current Medications _____

Any Condition that limits participation in certain activities _____

PLEASE ATTACH A COPY OF YOUR CHILD'S CURRENT IMMUNIZATION RECORD

Parent's Signature Date

Parent's Signature Date

Director's Signature Date

Date Rec'd Amount Check #