



DeMotte United Methodist Preschool  
227 N. Halleck, DeMotte, Indiana 46310 (219) 987-3671  
Enrollment Form  
3 & 4-year-old Class  
Tuesdays and Thursdays 9 am-11:30 am

### Student Information

Male \_\_\_\_\_ Female \_\_\_\_\_

Name of student \_\_\_\_\_ Name to be used in class \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Student's age: \_\_\_\_\_

Street Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

City & Zip \_\_\_\_\_

### Mother's Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail \_\_\_\_\_

### Father's Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone \_\_\_\_\_

Father's E-mail \_\_\_\_\_

### **Local Person (not parent) to contact in case of an emergency (Parents are always contacted first):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **List Name of Person(s) allowed to Pick your child from Preschool:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Name & Relationship \_\_\_\_\_ Name & Relationship \_\_\_\_\_ Name & Relationship \_\_\_\_\_

Please list any other information that you feel would be helpful for the teacher to know \_\_\_\_\_

Do you attend a church in the area on a regular basis? \_\_\_\_\_ If so, please list: \_\_\_\_\_

If not, would you like for the DUMC pastor to contact you? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

### **My signature below indicates that I understand:**

- The Tuition for the 2026-2027 school year is \$810; and may be paid in monthly installments of **\$90** (Sept 2026-May 2027).
- April payment must be paid before May 1, or the student will not be able to return to school in May and will not be able to attend the graduation.
- Tuition is due each month by the 10<sup>th</sup> of the month; if late, a fee of \$10 will be charged.
- May 2027 Tuition (last month) is due at the point of registration, and is Non-Refundable.
- Supply Fee of \$35.00 is due at time of registration, and is Non-Refundable.
- I must provide a copy of my child's birth certificate and immunization record **before** my child can attend class.
- My child must be at least 3 yrs. old and potty trained by August 1, 2026.

Signature of Parent or Guardian

Relationship to child

Date

1-2026

<b>Office Use</b>	
Date Pd _____	Amt Pd _____
Check # _____	
<input type="checkbox"/> Cash	<input type="checkbox"/> PayPal (+\$3)
Supply Fee _____	(\$35)
May 2026 _____	(\$90)
Birth Cert. <input type="checkbox"/>	
Immunizations <input type="checkbox"/>	
<b>Total Due Today \$125</b>	
Bkgd check fee _____ (optional) (non-refundable \$6 to volunteer)	