



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 10th 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

Office Use

Date Pd____

Amt Pd____

Check #____

☐ Cash ☐ PayPal (+\$3)

Supply Fee____ (\$35)

May 2026____ (\$90)

Birth Cert. ☐

Immunizations ☐

Total Due Today \$125

Bkgd check fee____ (optional)

(non-refundable \$6 to volunteer)