



DeMotte United Methodist Preschool
227 N. Halleck, DeMotte, Indiana 46310 (219) 987-3671
Enrollment Form
4 & 5-year-old Class
Mon., Wed., Fri. 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 \$945; and may be paid in monthly installments of **\$105** (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.
- Workbook Fee of \$60.00 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 4 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)

WKBK Fee _____ (\$60)

May 2026 _____ (\$105)

Birth Cert. ☐ _____

Immunizations ☐ _____

Total Due Today \$165

Bkgd check fee _____ (optional)

(non-refundable \$6 to volunteer)