



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 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.
- 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

|  |  |
|--|--|
| <b>Office Use</b>  |  |
| Date Pd  | _____                                  |
| Amt Pd   | _____                                  |
| Check #  | _____                                  |
| <input type="checkbox"/> Cash  | <input type="checkbox"/> PayPal (+\$3) |
| WKBK Fee   | _____ (\$60)                           |
| May 2026   | _____ (\$105)                          |
| Birth Cert.  | <input type="checkbox"/>               |
| Immunizations  | <input type="checkbox"/>               |
| <b>Total Due Today \$165</b>   |  |
| Bkgd check fee _____ (optional)<br>(non-refundable \$6 to volunteer) |  |