

**ORANGE UNITED METHODIST PRESCHOOL  
REGISTRATION 2024/2025**

Child's Name \_\_\_\_\_ Name Called \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender M F Age on Aug. 31, 2024 \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_

List all email addresses to receive preschool news:

Parent Information: List in order you want to be contacted  
Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_  
Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Cell service provider \_\_\_\_\_ OUMP has permission to text preschool updates? \_\_\_\_\_  
(ex. Verizon, AT&T, Sprint)  
Siblings & ages/other people living in home \_\_\_\_\_  
Previous or present preschool experience? \_\_\_\_\_ where \_\_\_\_\_  
Does your child speak English? \_\_\_\_\_ If not, what language? \_\_\_\_\_  
List Allergies (Food, bee stings, medication) Please attach allergy action plan \_\_\_\_\_

Does your child have any special needs or require any special accommodations, (ie: Speech, OT PT)? \_\_\_\_\_

If yes, please see the Director.

List special interest, fears, habits of child \_\_\_\_\_

Church Affiliation \_\_\_\_\_

How did you hear about Orange Preschool? \_\_\_\_\_

Does Orange UM Preschool have permission to post pictures of your child on our web site or Facebook, with no names attached? Yes \_\_\_\_\_ No \_\_\_\_\_

I have read the policies and philosophy of Orange Preschool and wish to enroll my child in this program. I agree to maintain regular payments and comply with the school policies and medical regulations.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Class Options: indicate preference with 1st and 2nd**

|                          |                     |                       |                      |
|--------------------------|---------------------|-----------------------|----------------------|
| <b>20 mo - 2 yrs old</b> | <b>Two year old</b> | <b>Three year old</b> | <b>Four year old</b> |
| ___ M/W                  | ___ M/W/F           | ___ M/W/F             | ___ M-Th (4 day)     |
| ___ T/Th                 | ___ T/Th            | ___ M-F(5 Days)       | ___ M-F (5 days)     |

Application fee of \$30 is required with application form. Make checks payable to Orange Preschool.

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Office use only Date received \_\_\_\_\_ Amount paid \_\_\_\_\_  
Enrolled: Class \_\_\_\_\_ Supply fee paid \_\_\_\_\_ tuition deposit paid \_\_\_\_\_  
Notes: \_\_\_\_\_