

Edge Park United Methodist Preschool

Enrollment Information

Child's Name (First, Middle	e, Last):			
Date of Birth:	Nic	knames:		
Home Address:				
City:	State:	Zip:	Phone #:	
	<u>Far</u>	mily Informat	<u>tion</u>	
Mother's Name:				
Employer:		Work #:		ell #:
Email address:				
Father's Name:				
Employer:		Work #:		ell #:
Email address:				
Child lives with: Both p If different nights, pleas Other members of child's i Church Affiliation:	parents	r □ Father □	☐ Guardian pets):	
Primary Language Spoker	n at Home:			
	<u>Inc</u>	dividual Prof	<u>ile</u>	
Describe child's general to handle day to day routines		ctivity level, a	approach to new sit	tuations, how does he/she
Please list particular interelike us to know.	ests, likes, dislikes	, and any oth	er information abou	ut your child you would

If changes occur in the child's life, please let us know. It does impact a child's behavior or disposition.