



Paradise Hills United Methodist Church Preschool

Enrollment Form

2021-2022

Child's Name: _____

Last First ZIP

Address: _____ City: _____ Code _____

Age on Male _____ Is your Family Y

DOB: _____ **Aug 31, 2021:** _____ Female _____ Re-Enrolling? N

School Last Attended _____ Sibling Enrolled at PHUMCP: _____

Home Church _____ *If you do not have a home church, would you like to
receive some information about Paradise Hills Church?

<h3>Father/Guardian Information</h3> <p>Father's Name: _____</p> <p>Address: _____</p> <p>Best Contact Number _____</p> <p>Employer _____</p> <p>Occupation _____</p> <p>Work Number _____</p> <p>Email _____</p>	<h3>Mother/Guardian Information</h3> <p>Mother's Name: _____</p> <p>Address: _____</p> <p>Best Contact Number _____</p> <p>Employer _____</p> <p>Occupation _____</p> <p>Work Number _____</p> <p>Email _____</p>
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Please Select Program(s) Desired

MW 2/3 MW 3/4 MW 4/5 TT 2/3 TT 3/4 TT 4/5 FFD _____

OFFICE USE ONLY	Enrollment Date _____ First Day Attending _____ Discharge Date _____	OFFICE USE ONLY
	Check # _____ Immunization Records _____	
	Cash _____	
OFFICE USE ONLY	Rec'd By _____ Forms _____	OFFICE USE ONLY