



# Paradise Hills United Methodist Church Preschool

## Enrollment Form

2022-2023

Child's Name: \_\_\_\_\_

Last

First

ZIP

Address: \_\_\_\_\_ City: \_\_\_\_\_ Code \_\_\_\_\_

Age on

Male \_\_\_\_\_

Is your Family Y

DOB: \_\_\_\_\_

Aug 31, 2022: \_\_\_\_\_

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?

### Father/Guardian Information

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Best Contact Number \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Number \_\_\_\_\_

Email \_\_\_\_\_

### Mother/Guardian Information

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Best Contact Number \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Number \_\_\_\_\_

Email \_\_\_\_\_

### 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

OFFICE USE ONLY

Enrollment Date \_\_\_\_\_ First Day Attending \_\_\_\_\_ Discharge Date \_\_\_\_\_

Check # \_\_\_\_\_ Immunization Records \_\_\_\_\_

Cash \_\_\_\_\_

OFFICE USE ONLY

Rec'd By \_\_\_\_\_ Forms \_\_\_\_\_

OFFICE USE ONLY