



Paradise Hills United Methodist Church Preschool

Enrollment Form

2024-2025

Child's Name: \_\_\_\_\_  
Last First ZIP

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

**Age on** \_\_\_\_\_ **Male** \_\_\_\_\_ **Is your Family** Y  
**DOB:** \_\_\_\_\_ **Aug 31, 2024:** \_\_\_\_\_ **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?

<p><b>Father/Guardian Information</b></p> <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>	<p><b>Mother/Guardian Information</b></p> <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 \_\_\_\_\_

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