

**2026-2027 School Year
Rock Springs United Methodist Church
Preschool Registration Form**

**Two Year Old Application
(2 yrs. by 9/1/26)**

Child's name: _____ Birth date: ____/____/____

Mailing Address: _____ City: _____

Zip Code: _____ Subdivision: _____

Home phone: _____ E-Mail Address: _____

Your child MUST be 2 years old by September 1, 2026 to be eligible for registration

Enrollment Options

____ 2 days per week: Monthly tuition \$185.00 (M/W or T/Th)

____ 3 days per week: Monthly tuition \$200.00 (Tues-Thurs)

____ 4 days per week: Monthly tuition \$220.00 (Mon-Thurs)

Choice of days to attend: Circle Mon. Tues. Wed. Thurs.

Note: Choice of which days may be available for 2 days or 3 days will depend on class enrollment.
Every effort will be made to accommodate your first choice

____ Non-Refundable Registration Fee - \$175.00 (*due at registration*) Amt. pd: _____

Ck. #: _____

Car Pool #: _____

Has your child ever attended a day care or preschool before: No / Yes

If yes, where? _____

Church affiliation: _____

Family Information

Father's name: _____ Occupation: _____

Cell #: _____ Work: _____

Mother's name: _____ Occupation: _____

Cell #: _____ Work: _____

Current marital status: (Circle one) Married Separated Divorced Widowed Single

If divorced, please describe custody and visitation agreement for your child: _____

Name and ages of any brothers or sisters: _____

Name of persons picking up your child from school excluding parents:

Name: _____ Contact #: _____

Relationship: _____

Name: _____ Contact #: _____

Relationship: _____

Name: _____ Contact #: _____

Relationship: _____

Child's Information

Please help us plan for your child's needs by taking the time to fill out the questions below.

Does your child have any physical handicaps, speech problems, developmental delays, or emotional problems? No / Yes

If yes, please explain: _____

Has your child ever received services for (*please circle all that apply*)

Speech Behavior disorder Learning disability Attention deficit disorder Hyperactivity

Developmental delays Sensory integration Other: _____

We strive to meet the needs of each individual child, but if we feel we are not qualified to handle your child's disability, we reserve the right to return your registration fee.

Is your child potty-trained: No / Yes (*if your child wears pull-ups we request velcro sides*)

Does your child have any special words they use for "going potty"? _____

What methods of discipline have you found most effective? _____

Does your child have any unusual fears? _____

Is English the primary language spoken in your home? ____ If no, please list: _____

Health Information

Does your child have any allergies? No / Yes If yes please describe: _____

Does your child take any medications regularly? No / Yes If yes, please list: _____

Emergency Treatment Information

Waiver of Liability

Should my child become ill or injured during the time he/she is in the care of Rock Springs United Methodist Church Preschool, I understand the school's policy will be as follows:

1. The school shall attempt to contact parents.
2. In the event the school is unable to contact parents, the school shall attempt to contact the following person listed below.
3. Should this fail the school shall be authorized to secure such medical attention and care for my child as deemed necessary.

Signed: _____ Date: _____

Name and phone numbers of persons to contact in care of emergency if parents cannot be reached.

Name: _____ Contact #: _____

Relationship: _____

Name: _____ Contact #: _____

Relationship: _____