

FOR OFFICE USE ONLY

Date Received: _____

Application fee: _____

Kenmore United Methodist Church Preschool

32 Landers Rd
Kenmore NY 14217

2 YEAR OLD CLASSES

\$125.00/month \$1250/year

9:15-11:15am

Monday/Wednesday _____

Tuesday/Thursday _____

9:30-11:30am

Monday/Wednesday _____

Tuesday/Thursday _____

3 YEAR OLD CLASSES

\$135.00/month \$1350/year

Tuesday/Thursday

9:15-11:45 _____

\$160.00/month \$1600/year

Monday/Wednesday/Friday

9:00am-11:30am _____

4 YEAR OLD CLASSES

\$220.00/month

\$2200/year

Monday-Friday

9:15-12:15pm

*****Please indicate your first and second class preference by numbering 1 and 2. We will try to accommodate, but cannot promise a specific class. If there is a specific reason why you need a particular class, please write it on your application or attach a note. **Please be sure to fill out both sides of this application.**

CHILD'S NAME (Last) _____ (First) _____ (Male _____ Female _____)

CHILD'S NICKNAME (IF ANY) _____

DOB _____ PRIMARY EMAIL _____

STREET ADDRESS _____ CITY _____ ZIP _____

FATHER'S NAME _____ FATHER'S ADDRESS _____

MOTHER'S NAME _____ MOTHER'S ADDRESS _____

FATHER'S OCCUPATION _____ cell# _____ BUSINESS # _____

MOTHER'S OCCUPATION _____ cell# _____ BUSINESS # _____

SIBLINGS (names and ages) _____

CHILD'S DOCTOR _____ PHONE _____

If the parent/guardian cannot be notified of an illness or emergency, one of the following emergency contact person will be notified:

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

IS A SECOND LANGUAGE USED IN THE HOME? _____

IS YOUR CHILD TOILET TRAINED? _____

IS THERE A PET IN THE HOME? _____ KIND _____ NAME _____

IS YOUR CHILD USED TO BEING AWAY FROM HOME WITHOUT A PARENT? _____

DOES YOUR CHILD HAVE ANY SPECIAL HEALTH PROBLEMS? (allergies, hearing, heart condition, etc.)

(upon acceptance, each child must present yearly physical record with immunizations completed by physician)

IS THERE ANY NOTICEABLE SPEECH PROBLEM? _____

DOES YOUR CHILD RECEIVE INTERVENTION SERVICES AND HOW OFTEN? (OT, PT, Speech, etc...)

(Therapists are welcome here during school hours)

WHAT ARE YOUR CHILD'S FAVORITE PLAYTIME ACTIVITIES? _____

IS THERE ANYTHING MORE YOU FEEL YOUR CHILD'S TEACHER SHOULD BE AWARE OF? _____

CURRENT CHURCH AFFILIATION _____

WHO RECOMMENDED OUR PROGRAM? _____

HAVE YOUR OTHER CHILDREN ATTENDED OUR PRESCHOOL? _____

APPLICATION FEE: **\$50.00** (please attach check to the front of application. This fee is **NON-REFUNDABLE**.)

MAKE CHECKS PAYABLE TO: **KUMC PRESCHOOL**