

**Discovery Place Preschool Registration Form**  
**Christ United Methodist Church**  
**2375 East 3300 South Salt Lake City, UT 84109**  
**(801) 483-2715 discpreschool@gmail.com**

SHEET 1 OF 2

Today's Date: \_\_\_\_\_ Date you wish to enroll your child: \_\_\_\_\_

- Tuesday                       Wednesday                       Thursday  
 9:00-12:00    1:00-4:00                       9:00-12:00    1:00-4:00                       9:00-12:00    1:00-4:00

**Mother/Guardian** Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Child Information** Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_ Church Affiliation, if any: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Number of siblings: \_\_\_\_\_ Names & Ages: \_\_\_\_\_

**Emergency Contacts & Authorized Pickup Persons:**

By adding people to this list, you authorize them to pick your child up or drop them off.

**1<sup>st</sup> Emergency Contact/Pick Up**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact/Pick Up**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

**3<sup>rd</sup> Emergency Contact/Pick Up**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Where did you first hear about our program? Please circle one

Website    Church    Outside banner    Other    Referral (please name) \_\_\_\_\_

What is the most important thing you want your child to derive from our program? \_\_\_\_\_  
\_\_\_\_\_

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**SHEET 2 OF 2**

Does your child have any special needs? (I.e. fears, feelings of insecurity, etc....): \_\_\_\_\_

Does he/she relate well to other children? \_\_\_\_\_

Does he/she relate well to adults? \_\_\_\_\_

Favorite play activity: \_\_\_\_\_

What language(s) is/are spoken at home? \_\_\_\_\_

What type of discipline (guidance) is used at home? \_\_\_\_\_

Most common reason for discipline: \_\_\_\_\_

Child's response: \_\_\_\_\_

Is there any other information you think is important for us to have about the child? \_\_\_\_\_

Your signature below indicates you have read and agree to the program guidelines as written in the "Discovery Place Preschool Parent Handbook". In the event of accident or illness to your child, your signature also indicates you indemnify and agree not to hold liable the following parties: Christ United Methodist Church, Discovery Place Preschool Teachers, substitute teachers, Director, Church Administrators, Trustees, Coordinators, or other volunteers as associated with the program.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Photo Release/Directory Permission

I \_\_\_\_\_ (print name of parent) hereby:

Consent

Do not consent

To the use of photographs of \_\_\_\_\_ (name of child) in the production of any flyers, newsletters, church web site, Discovery Place Preschool Facebook page, and other promotions that Christ United Methodist Church Discovery Place Preschool Program may decide to develop. Further, by signing, I certify that I am the legal parent or guardian of the child identified above.

I, \_\_\_\_\_ (print name of parent) hereby:

Consent

Do not consent

To the use of my address, phone number and e-mail for a Preschool directory.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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