

Johnson Memorial United Methodist Preschool

513 10th St.
Huntington, WV 25701

Preschool Director: Vicky Neal
304-840-0150

Enrollment/Information Form

Child's Name _____ DOB ____/____/____
Address: _____ Home #: _____
Email Address: _____
Mother's Name: _____ Cell #: _____ Work #: _____
Father's Name: _____ Cell #: _____ Work #: _____
Siblings/Ages: _____

Has your child attended a group care program? Yes No please indicate
Where: _____

Early Drop Off Fees are \$1.50. You may drop off between 8:30-9am.

Classes run from 9 am-12 noon. Lunch Bunch runs from 12-1:50pm.

Tuition Fees are: \$150/month for 5 day/week
\$130/month for 3 day/week
\$115/month for 2 days/week

Lunch Bunch Fees are: \$7/day. Friday is Pizza Day. Extra \$2 if you want
pizza that day. **Pizza money must be paid in cash before lunch** as we
have to pay for the pizza at the time of pick up.

I wish to enroll my child in the following class

- _____ 2 Year Class Monday/Wednesday/Friday
- _____ 2 Year Class Tuesday/Thursday
- _____ 3 Year Class Monday/Wednesday/Friday
- _____ 3 Year Class Tuesday/Thursday
- _____ 4 Year Class Monday-Friday (5 day program)

**Please Enclose a \$35 Enrollment Fee with this Form
(Enrollment Fee non-refundable)**

Emergency Contact Information

Please list the names and number of those we should call in case of an emergency in order in which you would want them notified (including yourself).

1 _____
2 _____
3 _____
4 _____

Child's Physician: _____ Phone: _____

My child has received all recommended immunizations for his/her age:
Yes No (Circle one) Signed _____ Date: _____

List Any Special Needs- Such as food allergies or medical conditions we need to be aware of

We will print a school directory. Please fill out the following as you would want it to appear. **Please Print**

Child's Name: _____

Parent's Name: _____

Address: Street: _____

City, State, Zip: _____

Phone: _____

Email: _____

(If you wish for your info to NOT be published please note this here)