

## 2025-2026 ENROLLMENT FORM

Return along with non-refundable \$25 registration fee to:

**Trinity Methodist Church Preschool**

**501 Mulberry Street, PO Box 343**

**Scottdale PA 15683**

**PLEASE PRINT**

**ALL INFORMATION IS CONFIDENTIAL**

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

Child's Name: \_\_\_\_\_ Sex: M F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(circle one)

Name child is usually called: \_\_\_\_\_ School District: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ #1 email \_\_\_\_\_

Name of father: \_\_\_\_\_

Where employed: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ e-mail if 2 house holds: \_\_\_\_\_

Name of mother: \_\_\_\_\_

Where employed: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Parents marital status: (circle one) Married Divorced Separated Single

If both parents work, who cares for the child: \_\_\_\_\_

Names of sisters/brothers: \_\_\_\_\_

List pets and their names: \_\_\_\_\_

Allergies: \_\_\_\_yes \_\_\_\_no If yes, please list: \_\_\_\_\_

Asthma: \_\_\_\_yes \_\_\_\_no

Does your child have any physical or emotional problems that might interfere with their adjustment to preschool? \_\_\_\_\_

Should we be aware of any fears? If so, please describe the usual reaction.  
\_\_\_\_\_

**Circle** the days you would like your child to attend: **Monday-Wednesday-Friday - \$130.00 a month**  
**Tuesday-Thursday - \$95.00 a month**

Over

Will your child be attending kindergarten in 2026? \_\_\_\_\_ If yes, where? \_\_\_\_\_

What is the main purpose in sending your child to TMC Preschool? \_\_\_\_\_

Who will usually bring and pick up your child? \_\_\_\_\_

Please list all people (including parents) allowed to pick up your child:

| Name     | Relationship |
|----------|--------------|
| 1. _____ | _____        |
| 2. _____ | _____        |
| 3. _____ | _____        |
| 4. _____ | _____        |
| 5. _____ | _____        |

### EMERGENCY/URGENT PICK UP INFORMATION

In case of emergency **we will FIRST attempt to contact parents.** Please list three additional emergency contact persons, their numbers, and what relationship they are to your child.

List in the order you wish them to be contacted.

|                    |                    |
|--------------------|--------------------|
| 1. _____           | Relationship _____ |
| Home phone # _____ | cell phone # _____ |
| 2. _____           | Relationship _____ |
| Home phone # _____ | cell phone # _____ |
| 3. _____           | Relationship _____ |
| Home phone # _____ | cell phone # _____ |

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**~Please read the following agreement before signing & returning~**

### EMERGENCY TREATMENT

In the event of illness or accident which requires immediate medical treatment at a time when a parent can not be located, I give permission for TMC Preschool to provide emergency treatment to the best of their knowledge and ability. I will not hold the church or the personnel responsible.

This is done with the understanding that every attempt will be made to contact a parent, the child's physician and other listed emergency contacts.

Parent/Gaurdian Signature \_\_\_\_\_ Date \_\_\_\_\_