

SEASIDE UNITED METHODIST CHURCH  
PRESCHOOL  
1300 SEASIDE ROAD SW  
SUNSET BEACH, NC 28468  
910-579-5753

**ENROLLMENT AGREEMENT**

Full name of child \_\_\_\_\_

Date of birth (including year) \_\_\_\_\_

Child's age on 8/31/18 \_\_\_\_\_

Full name of Father \_\_\_\_\_

Full name of Mother \_\_\_\_\_

Mailing Address for Mother \_\_\_\_\_

\_\_\_\_\_

Mailing Address for Father (if different) \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone (Mother) \_\_\_\_\_

E-mail (Mother) \_\_\_\_\_

Cell Phone (Father) \_\_\_\_\_

E-mail (Father) \_\_\_\_\_

Physician \_\_\_\_\_

Names and phone numbers of persons to whom we may release your child:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Any Known Allergies or Medical Problems** \_\_\_\_\_

To provide us with more information about your child, please provide us with the following information.

Siblings (names and ages)

Pets

Special Interests

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Is your child involved in any outside therapy sessions? Please be specific.

Do you give the preschool staff permission to post any photographs of your child in the classroom, the hallway, the social media, or in the paper? \_\_\_\_\_

I understand that I am responsible for the tuition payment for my child by the tenth of each month and that I will provide a healthy snack for my child's class once a month.

\_\_\_\_\_  
Parent Signature

\*Please mail or deliver this form with the \$75.00 registration fee to:  
Seaside United Methodist Church  
Preschool  
1300 Seaside Road SW  
Sunset Beach, NC 28468

This will complete your registration. Thank you.