



158 E. Main Street, Scottsville, VA 24590  
(434) 286-2293 | preschool@sumc-va.org

**Registration for 2021/2022 School Year**

\*Child must be 3 yrs. old by the end of Sept. 2021

Choose type of enrollment:  2-Day Class (Mon. & Wed. or Fri.) 9:00 - 12:00 (\$230/mo)  
 3-Day Class (Mon., Wed., Fri.) 9:00 - 12:00 (\$270/mo)

**Child Information**

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

Allergies: \_\_\_\_\_

Other medical conditions and/or medications: \_\_\_\_\_

**Parent Information**

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Guardian (if different from above): \_\_\_\_\_

**Emergency Contacts and Authorized Pickups**

List adults other than parents who can be contacted in case of emergency:

Name	Phone Numbers	Relationship to child

List any other adults who are permitted to pick child up:

(Note that all adults picking up for the first time will be required to show identification)

Name	Phone Numbers	Relationship to child

Enrollment in Scottsville United Methodist Preschool is open to all interested persons, with priority given in the following order:

1. Is the applicant the child or grandchild of a current member of Scottsville United Methodist Church or the Preschool Board? **Y/N**
2. Is the applicant a returning student or the sibling of a returning student? **Y/N**
3. Are you registering more than one child for the coming school year? **Y/N**
4. All other applicants will be considered in the order that their applications were received.

**Additional Comments and Information**

**Is there any other information that would be helpful to our management and teaching staff?** E.g., has your child been evaluated for services for hearing impairment, speech delay, or other special educational services? If so, please explain: \_\_\_\_\_

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\_\_\_\_\_ Date

Parent/Guardian Signature

**A NON-REFUNDABLE ENROLLMENT FEE OF \$50 IS DUE UPON ACCEPTANCE OF ENROLLMENT.**

Office Use Only: Date/Time Received: _____	Initials: _____
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