

BETHESDA PRESCHOOL

Mail completed application to:
Natasha Hatfield
237 Winesap Way
Ona, WV 25545

M-W-F (4&5 yr olds) 9:00-12:00
T,TH (3 yr olds) 9:00-11:30
Preschool phone (304)638-1174

Child's Name: _____ Nickname: _____

Age Today: _____ Birthdate: _____ Today's date: _____

Parent(s)/Guardian(s) Names: _____

Address: _____

Telephone:(home) _____ (cell) _____

Parents Place of Employment:

Father _____ Mother _____

Employer _____ Employer _____

Telephone _____ Telephone _____

In case of an emergency, who may we call if parent is not home:

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Relationship: _____ Relationship: _____

IS YOUR CHILD UP TO DATE ON HIS/HER IMMUNIZATIONS: _____

*IF NOT, THEY MUST BE UP TO DATE TO START PRESCHOOL!

To help us get to know your child:

Brothers: Name: _____ Age _____

Name: _____ Age _____

Sisters: Name: _____ Age _____

Name: _____ Age _____

Has your child had much experience playing with other children?

Are there any help problems, allergies, snack limitations, etc. about which we should know?

We would like to know who will be picking your child up after school.

Parent Signature

*****Please send a \$5.00 non-refundable registration check made payable to BUMP (Bethesda United Methodist Preschool) Cash is also acceptable