

FIRST UNITED METHODIST CHURCH
SCHOOL FOR LITTLE PEOPLE
Registration Information Sheet

Child's full name: _____
Child's Birthday And Current Age: _____
Address (Street, City, State, Zip Code): _____
Parent's/Guardian's Name(s): _____
Emergency Contact Name & Phone: _____

Mother:

Father:

Cell Phone #: _____
Email Address: _____
Place of Employment: _____
Office Phone #: _____

Favorite Play Materials? _____
Special Needs? _____
Fears? _____
Religious Preference _____
Is your child fully potty trained? YES NO
How did you hear about School for Little People? _____

Has your child attended a daycare/preschool before? YES NO
If so, where? _____
What was the reason for leaving? _____

What goals do you have for your child in our school?

Do you have any information that would help our staff better understand your child?

**Your child is not officially registered until this form AND the registration fee is received.
We cannot accept this form unless it is accompanied by payment.**

Please call SFLP at 903-868-0805 if your information/enrollment status has changed before the school year begins.

Office Use Only

Registration Fee Cash\$ _____
 Supply Fee Check# _____

3 day - Monday/Wednesday/Friday
 5 day program - Monday thru Friday

Parent Signature