



# Sandy Springs United Methodist Preschool Application Form

2010-2011

SSUMC Church Member? Yes No (please circle one)

Any previous preschool experience? Yes No If so, where and for how long? \_\_\_\_\_

Classes	Days Offered	1st Choice	2nd Choice
Toddler 1 (12 mos. by 9/1/10)	M/W T/Th		
Toddler 2 (18 mos. by 9/1/10)	M/W T/Th		
Two Year Olds (2 by 9/1/10)	M/W/F T/Th		
Three Year Olds (3 by 9/1/10) Must be completely potty trained	M/T/Th M/W/F M-F		
Four Year Olds (4 by 9/1/10)	M - F		N/A
Young Five Year Olds (5 by 12/31/10)	M - F		N/A
***For 4's/Young 5's – Are you also registering for Private School or GA Pre-K lottery?			Y N

Full Name of Child \_\_\_\_\_ Name Goes By \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

Mother's Cell Phone \_\_\_\_\_ Mother's e-mail \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Father's E-mail \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

If divorced, who is Custodial Parent? \_\_\_\_\_ (copy of any custody papers must be on file)

Child resides with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Siblings Names & Ages \_\_\_\_\_

Nanny or Babysitter (if applicable) Name \_\_\_\_\_ Phone \_\_\_\_\_

Live in? Yes No If No, Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### HEALTH HISTORY

Normal Birth \_\_\_\_\_ Premature Birth \_\_\_\_\_ Complications at Birth \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If so, to what substances? \_\_\_\_\_

How are allergies manifested? (hay fever, stomach upset, other) \_\_\_\_\_

Does your child have any dietary restrictions? \_\_\_\_\_ If so, describe. \_\_\_\_\_

Is this because of allergy, family preference, medical needs, other? \_\_\_\_\_

Has your child had a vision test? \_\_\_\_\_ If so, results. \_\_\_\_\_

Has your child had a hearing test? \_\_\_\_\_ If so, results. \_\_\_\_\_

Does your child have frequent:

\_\_\_\_\_ Colds      \_\_\_\_\_ Coughs      \_\_\_\_\_ Ear infections      \_\_\_\_\_ Tubes/Ears  
\_\_\_\_\_ Tonsillitis      \_\_\_\_\_ High fever      \_\_\_\_\_ Convulsions      \_\_\_\_\_ Febrile Seizures

Is your child taking any regular medication? \_\_\_\_\_ If so, describe. \_\_\_\_\_

Has your child had serious illness, surgery, or hospital stay? \_\_\_\_\_ If so, please describe condition and child's reaction.

Does your child have any abnormality of :

\_\_\_\_\_ Skin      \_\_\_\_\_ Glands      \_\_\_\_\_ Extremities      \_\_\_\_\_ Genitalia      \_\_\_\_\_ Nervous System

If so, please describe. \_\_\_\_\_

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### EMOTIONAL/SOCIAL EXPERIENCES

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Are there any situations that may affect your child's emotional well-being (i.e., a recent move, family illness, death of a family member, problems with siblings, Mom or Dad travel frequently, house fire, etc.)? \_\_\_\_\_

What methods of discipline do you find effective at home? \_\_\_\_\_

What fears does your child have? \_\_\_\_\_ How are they expressed? \_\_\_\_\_

Does your child have neighborhood playmates or experience playing with other children? \_\_\_\_\_

Is your child currently receiving any therapy (i.e., speech/language)? \_\_\_\_\_

What do you and your child enjoy doing together? \_\_\_\_\_

What trips, vacations, or other family experiences are remembered with the most pleasure? \_\_\_\_\_

Please tell us something about your child including any information you feel will help us make your child's experience a rewarding and fulfilling one. \_\_\_\_\_

What hopes and expectations do you have for your child from our program? \_\_\_\_\_

Please give any additional information you think might be important for us to have. \_\_\_\_\_

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

**PRESCHOOL USE ONLY**

**Registration Fee Paid:    \$75.00      \$100.00      \$150.00**

**Check #** \_\_\_\_\_      **Cash** \_\_\_\_\_