



Ringgold United Methodist Church Preschool

7484 Nashville Street PO Box 99 Ringgold, GA 30736

Phone 706-935-4777 Fax 706-935-4865

Registration Form

Child Legal Name: _____ Nickname: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Social Security: _____
Male _____ Female _____ Age _____ Date of Birth _____

First Parent/Guardian Name: _____
Address: (if different from child) _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Social Security: _____
Cell Phone: _____ Work Phone: _____
Email: _____
Employer Name & Address: _____

Second Parent/Guardian Name: _____
Address: (if different from child) _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Social Security: _____
Cell Phone: _____ Work Phone: _____
Email: _____
Employer Name & Address: _____

Parent/Guardian Marital Status: (circle one) Married Single Widow(er) Separated* Divorced*
*If Divorced/Separated, who has legal custody of child? _____
*May non-custodial parent pick up the child? Yes/No/Other Details _____
If non-custodial parent MAY NOT pick up child, court documentation is required for our files.
Child's living arrangements: (circle one) Both parents/Mother/Father/Other _____

Child may be released to the person(s) signing this agreement or to the following:
Name: _____ Phone: _____ 2nd Phone _____
Relationship: _____ Address: _____

Name: _____ Phone: _____ 2nd Phone _____
Relationship: _____ Address: _____

Name: _____ Phone: _____ 2nd Phone _____
Relationship: _____ Address: _____

Persons to contact in case of an emergency when parents cannot be reached:

Name	Phone	2 nd Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Transportation Authorization

Parent Signature: _____

Special Instructions: _____

Child's medical and Health Information

Child's Primary Physician/Pediatrician: _____

Address: _____

Phone: _____ 2nd Phone _____

Child's Dentist: _____

Address: _____

Phone: _____ 2nd Phone _____

Child's Preferred Hospital: _____

Name on Insurance Plan: _____

Policy Number: _____ Phone: _____

My child has the following special need(s):

The following accommodation(s) may be required to most effectively meet my child's needs while attending this preschool:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

Other Allergies/Medical Problems:

Status of toilet training: (circle one) Diapers Only/Training in Progress/ Fully Trained

Enrollment Options

(Circle One) **Half Day** 2 days per week 3 days per week 5 days per week

Full Day 2 days per week 3 days per week 5 days per week

TUITION AMOUNT

Signature of Parent/ Guardian: _____ \$ _____/Month

Reference Source: How did you hear about RUMC Preschool? _____

OFFICE USE ONLY

Date Registration Received: _____

Entrance Date: _____

Registration Amount: \$ _____

Class: _____

Date Paid: _____

Check Number: _____

Withdrawal Date: _____