

**Bexley United Methodist Preschool
Registration Application**

Child's Name _____ DOB _____ Male/Female
First (any nickname) MI Last

Father _____ Mother _____

Child's Address _____
Street City State Zip

Phone _____ Email _____

Child resides with: Both _____ Mother only _____ Father only _____ Other _____

If parents are living separately do you want duplicate information for both? Yes _____ No _____

Alternate parent's address if applicable _____
Street City State

I/We (circle one) being the parent(s) or legal guardian of above child do hereby make this application to register child with Bexley United Methodist Preschool(BUMP) at 2657 E. Broad St., Bexley, OH 43209 an organization under the auspices of the Administrative Council of the Bexley United Methodist Church for enrollment in the program described below. I/We do agree to pay the tuition on the manner, time and place as set forth herein. I/We agree and understand that the deposit of \$100.00 dollars is nonrefundable as are all tuition payments. Unless enrollment is terminated because of a reason found in the sole discretion of BUMP to be of good cause. BUMP does not discriminate on the basis of race, religion, sex, national origin or disability.

I/We hereby give permission for above child to use play equipment and to participate in all activities provided by the program. I/we give permission for above child to attend and participate in all preschool sponsored trips and other activities held outside preschool grounds. I/We on behalf of myself/ourselves and above child release and hold BUMP, its employees, agents and assigns harmless from any and all claims arising out of injuries, damages and claims associated with above child's participation in any preschool activity, including, but not limited to the negligence, if any of BUMP.

Parent signature(s) _____

I/We do hereby designate the following persons to have authority to pick-up above mentioned child from BUMP upon showing proper ID and do hereby hold BUMP, its employees, agents and assigns harmless from any and all claims for releasing above child to one or more of such persons. If parents or guardians cannot be reached the following persons will be notified in the event of an emergency. Please note persons named must reside in Central Ohio and be available to pick up ill or injured child.

Name	address	phone	relationship to child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Circle the days you would like your child to attend: M T W R F

Would you like Full Day _____ or Part time _____ preschool program?
(Full day is anywhere from 8:00am to 4:00pm and part time is 9:00am to 12:30pm)

Are you current members of Bexley United Methodist Church? Yes _____ No _____

Do you currently have another child enrolled in BUMP? Yes _____ No _____

Did you or any of your children attend BUMP previously? Yes _____ No _____

Besides BUMP has your child attended another preschool and if so where? _____

For office use only:

New _____ Returning _____

Church Member _____ Sibling _____ Alumni _____

Date Registered: _____

Registration Paid: Cash _____ Check _____ # _____

Classroom: _____ Days _____ half day _____ full day _____