



Little Valley United Methodist Community Preschool

109 Court Street, Little Valley, NY 14755 716-938-6150 www.littlevalleyumc.org



Enrollment Agreement for 2009-2010 School Year

Full name of child _____

Age of child on September 1 /09_____ Birthdate ____/____/____

Full name of mother _____

Full name of father _____

Mailing address _____

Email address _____

Home phone _____ Business phone, father _____

Cell phone _____ Business phone, mother _____

Medical Considerations (food allergies, bee sting allergies, diabetes, etc.) _____

Physician _____ Phone _____

In case of an emergency and I cannot be reached, please call:

_____ relationship to child _____ Phone _____

_____ relationship to child _____ Phone _____

Any Person Responsible for Your Child's Transportation to or From School (Including Parents)

1. _____ 2. _____

3. _____ 4. _____

Please note: A minimum of 15 children is required for the program to start in September.

Enrollment Fee

The enrollment fee of \$47.50 is required with this completed application to hold a space for your child in the program and is to be paid by August 1st. Remaining \$47.50 to be paid by September 1st.

Monthly Fee

The monthly fee is \$95 to be paid on the 1st of each month starting in October.

Signed: _____ Date: _____

Please send an up-to-date immunization record.

For Office Use Only

Date Enrollment Fee Rec'd _____

Check # _____

Amt. \$ _____