

APPLICATION FOR REGISTRATION



- **NAME OF CHILD** _____ **BOY or GIRL?**

Name you wish your child to be called at school _____

- **DATE OF BIRTH** _____ **MAIN CONTACT** _____
PHONE NUMBER _____
- **MOTHER'S NAME** _____
- **FATHER'S NAME** _____

- **PLEASE CIRCLE THE CLASS AND SESSION FOR WHICH YOU WISH TO REGISTER**

	<u>1st Choice</u>		<u>2nd Choice</u>	
EARLY LEARNING CLASS	AM	PM	AM	PM
PRESCHOOL CLASS	AM	PM	AM	PM
KINDERGARTEN	AM	PM	AM	PM

- *CHECK ALL THAT APPLY:*
 CURRENT STUDENT, **SIB OF CURRENT STUDENT**, **LUMC MEMBER**, **LUMP/K ALUMNI**

IN WHICH PUBLIC SCHOOL DISTRICT DO YOU RESIDE? _____

FAMILY STATUS: **MARRIED** **SEPARATED** **DIVORCED** **WIDOWED** **SINGLE**

- **HOW WOULD YOU DESCRIBE YOUR CHILD'S PERSONALITY?**
- **IS HIS/HER ATTENTION SPAN:** **SHORT** **AVERAGE** **LONG**
- **IS HIS/HER ACTIVITY LEVEL:** **HIGH** **AVERAGE** **LOW**
- **WHAT GROUP EXPERIENCES (SUNDAY SCHOOL, PLAYGROUP, PRESCHOOL, ETC.) HAS HE/SHE HAD? WHERE AND HOW LONG?**
- **SIBLINGS NAME, AGES, GENDER**

- HOW DOES YOUR CHILD GET ALONG WITH OTHER MEMBERS OF YOUR FAMILY?
- OTHER THAN SIBLINGS, DOES HE/SHE HAVE PLAYMATES?
- ARE THEY OLDER OR YOUNGER THAN YOUR CHILD?
- WHAT DO YOU CONSIDER TO BE YOUR CHILD'S STRENGTHS AND GOOD POINTS?
- WHAT SPECIAL CONCERNS DO YOU HAVE ABOUT YOUR CHILD'S DEVELOPMENT?
- WHAT IS MOST UPSETTING TO YOUR CHILD?
- PLEASE EXPLAIN ANY SPECIAL HEALTH CONCERNS OR HANDICAPPING CONDITIONS:
- PLEASE DESCRIBE ANY DEVELOPMENTAL, LANGUAGE, EDUCATIONAL OR PSYCHOLOGICAL EVALUATIONS YOUR CHILD HAS HAD, OTHER THAN THOSE DONE ROUTINELY BY A PHYSICIAN.
- WHAT DO YOU HOPE YOUR CHILD WILL GAIN BY ATTENDING *THE LEBANON UNITED METHODIST PRESCHOOL AND KINDERGARTEN*?
- HOW/FROM WHOM DID YOU FIRST HEAR ABOUT THE SCHOOL?

DOES YOUR FAMILY HAVE A CHURCH HOME? _____ YES _____ NO