

**Cumberland UMC Preschool**  
**2262 George Owen Road**  
**Fayetteville, NC 28306**  
**426-5500**

**ENROLLMENT APPLICATION FORM**

**2-Year Old**       **3-Year Old (3 day)**       **3-Year Old (4 day)**       **4-Year Old**

Student's Name: \_\_\_\_\_

Name Student goes by if different from above (nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Medical Information: Responsible adult to be contacted if parents can not be reached.

Name of Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Please complete this enrollment application form and return to the preschool office or director along with the registration and supply fee of \$150.00 (non-refundable) to secure your slot in the preschool.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**