



REGISTRATION FORM

2026 Monthly Tuition

317-997-6271

brittanyryan26@yahoo.com

525 N Madison Ave
Greenwood, IN 46142

Full Day- \$500/4 Days- \$410 /3 Days \$320 /3 Half-Days-\$250
Before/After Care: (7am/3pm-5pm) \$5/hr

(Return completed form along with **\$120 Non-refundable deposit**)

INFORMATION

STUDENT INFORMATION

Student's Name:	Age:	Date of Birth:	/	/
Class: 2's (2 by 8/1/26) / 3's/4's (3 by or 4 after 8/1/26) / Pre-K (4 by 8/1/2026)		Before Care/After Care		
Home Address:				
City:	State:	Zip Code:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				

GUARDIAN INFORMATION

Guardian #1 Name:	
Relationship to Student:	
Phone Number:	Email Address:
Home Address (if different from student):	
Guardian #2 Name:	
Relationship to Student:	
Phone Number:	Email Address:
Home Address (if different from student):	

EMERGENCY CONTACT

Name:	Phone Number:	Relationship:
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AUTHORIZED PICK-UP FOR MY CHILD

Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:

FAMILY HISTORY

Do parents live in the same household?

Other children in family:

Name:	Age:	Gender:
Name:	Age:	Gender:
Name:	Age:	Gender:



EMERGENCY HEALTH RECORD

Allergies:

Physician's Name:

Phone:

Hospital Preference:

In case of emergency, the school may call the family physician to examine my child.
(Without such permission, the school assumes no responsibility for emergency medical attention.) Circle: Yes/No

ADDITIONAL INFO:

Speech:

Can your child speak plainly so others can understand? Circle: Yes/No

Any foreign languages spoken in the home? Circle: Yes/No What language?

Is your child enrolled in a speech program? Circle: Yes/No If so, where?

General Question:

How did you hear about GUMC Preschool?

Any additional info we should be aware of:

CONSENT & AGREEMENT

I consent to the enrollment of my child: _____ with the Greenwood United Methodist Preschool and agree that the Greenwood United Methodist Preschool shall not be responsible in case of sickness or injury of this child while in the attendance of the Preschool facility or to and from the facility.

I understand that if my child is absent from school for an extended period of time within a month without a doctor's note, I will still be required to pay the monthly fee of \$_____ to hold my child's place in the class. If payment is not received prior to leaving, I understand that my child's spot can be given to another student if the need arises. In the case that a spot is still available upon my child's return, I would be required to re-enroll my child and pay the \$120 registration fee again.

I further agree that in case of accident or injury, emergency medical care may be given in the event that I cannot be contacted immediately

I certify that the above information is correct to the best of my knowledge.

Parent and/or Guardian Signatures:

Date: / /