Oak Forest l	Inited Metho	odist Pre	eschool
11461 Old	l Highway 52 Winsto	n-Salem NC	, 27107
(336) 76	64-2991 <u>www.oakfo</u>	restprescho	ol.org
Child's Name:			
First	Middle		Last
		Home Phone:	
Address:			Zin Oodo
Street Email:	City	State	Zip Code
	Home/Cell#		
Employer:	Work#		
Father/Guardian's Name:	Home/Cell#		
Employer:		Work#	
Marital Status: Married Sing			
Siblings & Ages			
Emergency Contacts other than p	parents:		
1. Name:		Relation:	
Home#	Cell#		
	Relation:		
Home#			
Allergies:			
Medications:			
Medical Conditions:			
Child's Doctor			
Address:			pg.

Oak Forest United Methodist Preschool

(336) 764-2991 www.oakforestpreschool.org

My child may be picked up by: (must provide an I.D. when picking up child)

Photo Permission:

_____I give my permission for my child's photo to be used (without name) on the Oak Forest Methodist Preschool website or on the teachers private site. I understand that photos will only be used in the Photo Album or highlights on Home/Information pages and cannot be downloaded. Teachers may have Facebook pages that are private and cannot be viewed by public but you will have access to.

Transportation/Field Trips:

_____I give my permission for my child to be transported on field trips and I will provide my child with a car seat and allow staff to secure my child in. Parents are welcome to attend all fieldtrips. We will have 2 scheduled trips in the fall and spring.

A current medical record/immunizations is required and must be in by first day of school.

A \$75 non-refundable registration fee is required with this application.

Please make checks to Oak Forest UMC Preschool.

Additional forms are available at www.oakforestpreschool.org