

FIRST UNITED METHODIST CHURCH OF MANY  
P O Box 1210, Many, LA 71449  
318-256-3632  
APPLICATION FOR PRESCHOOL LEARNING CENTER

Date\_\_\_\_\_

Child's full name\_\_\_\_\_

First	Middle	Last
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Name to be called\_\_\_\_\_ Sex\_\_\_\_\_ Age\_\_\_\_\_ Date of birth\_\_\_\_\_

Mailing address\_\_\_\_\_

Street or P O box number	City	State	Zip
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Home phone number\_\_\_\_\_

Father's name\_\_\_\_\_ Occupation\_\_\_\_\_

Place of business\_\_\_\_\_ Phone\_\_\_\_\_

Mother's name\_\_\_\_\_ Occupation\_\_\_\_\_

Place of business\_\_\_\_\_ Phone\_\_\_\_\_

Church affiliation: Father\_\_\_\_\_ Mother\_\_\_\_\_

Parent's marital status: Married\_\_\_\_\_ Separated\_\_\_\_\_ Divorced\_\_\_\_\_ Single\_\_\_\_\_

Other children in family:

Name\_\_\_\_\_ Age\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_

Physician's name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

List any allergies:\_\_\_\_\_

List any behavior or habits we should know about (thumb sucking, biting, tantrums, etc.):

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Describe your child's general health and any specific problems or conditions that your child has:

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List any physical or emotional handicaps that your child has: \_\_\_\_\_

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Local person to be contacted in case of emergency when the parents cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

*Please attach a copy of your child's current immunization record to this document.*

**A non-refundable application fee of \$50.00 is due at the time this application is submitted.  
A monthly supply fee is due with each month's tuition.**

**I understand that I am responsible for the First United Methodist Church Learning  
Center tuition and that it is due by the first of each month and must be paid no later than  
the 10<sup>th</sup> of the month.**

Signature of Father \_\_\_\_\_ Mother \_\_\_\_\_