



**Maumee United Methodist Church**

405 Sackett Street  
Maumee, OH 43537  
(419) 893-8773

[www.MySmallBeginnings.org](http://www.MySmallBeginnings.org)

**Valerie J. Scheffert, Director**

**ENROLLMENT APPLICATION**

Application for: (Choose 1)

\_\_\_ Schedule 1 (am 3 year old, 3 days a week)

\_\_\_ Schedule 2 (am 4 year old, 5 days a week)

*(Please print all information)*

Child's First/Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M / F

Child's "Nickname" / Name you would like your child to write and be called: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Mother's Name: \_\_\_\_\_ Cell

Phone: \_\_\_\_\_ \*\*Please indicate primary contact during school

hours: \_\_\_\_\_ Child's

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_ School District: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Email address will be used for Small Beginnings Christian  
Preschool/MUMC purposes only

Father's/Mother's address (if different from student):

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

Siblings names and birth

dates: \_\_\_\_\_ Allergies and/or

Physical Handicaps, if any: \_\_\_\_\_ Family

Circumstances (illness, separation, adoption, etc.) if any: \_\_\_\_\_ Church

membership of parents: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_ Has

your child been baptized/dedicated? \_\_\_\_\_ If so, date: \_\_\_\_\_

How often do you attend church services? \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Seldom

Where did you hear about us? \_\_\_\_\_

**Registration fee of \$100.00 MUST accompany this application.**

**Additional sibling registration fee is discounted to \$20.00.**

**This fee is non-refundable.**

Tuition payments are due on or before the 15<sup>th</sup> of each month, beginning August 15<sup>th</sup>. Please make checks payable to SBCP (Small Beginnings Christian Preschool). Tuition is subject to change as necessary. Mail or bring this form to the address at the top of this application form. A welcome letter will be sent as confirmation of acceptance.

My child's name and birthday (required), name, address, e-mail address, and telephone number may be used and distributed on a class roster. **Yes/No** If no, please cross off any information you do not want to be shared. *(Your information will be included if neither is circled).*

\_\_\_\_\_  
(Parent/Legal Guardian Signature) (Date) "Small Beginnings Christian Preschool admits students of any race, color, religion, sex or national or ethnic origin." **Office Use Only**

(Check #) (Date) (Rec. By)

Registration Fee: \$ \_\_\_\_\_ Room Assignment \_\_\_\_\_