



Maumee United Methodist Church
 405 Sackett Street
 Maumee, OH 43537
 (419) 893-8773
www.MySmallBeginnings.org
Valerie J. Scheffert, Director

ENROLLMENT APPLICATION

Application for: (Choose 10)
 ___ Schedule 1 (am 3 year old, 2 days a week)
 ___ Schedule 2 (am 4 year old, 3 days a week)
 ___ Schedule 3 (am 5 year old, 5 days a week)
 _____ Room color preference (**not guaranteed**)

(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: _____

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

_____ City: _____ State: _____ Zip: _____

Email: _____

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? _____

The registration fee of \$75.00 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 15th of each month, beginning August 15th. 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), my 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 box is checked).*

 (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 _____

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