



Where learning  
and fun become one.

Huguenot United Methodist Church Preschool  
10661 Duryea Drive • Richmond, Virginia 23235  
804-272-1704 • *Debbi Heist, Director*

## Registration and Emergency Information

Child's Name \_\_\_\_\_ Address \_\_\_\_\_

City, Zip \_\_\_\_\_ Subdivision \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(Mrs., Ms., etc.) (First name) (Last name)

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(Mr., Dr., etc.) (First name) (Last name)

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_

Family E-mail address \_\_\_\_\_  
(Circle the phone number you would like us to list in the school directory as your primary contact number)

In case of emergency and parents cannot be reached, list person(s) who are authorized to pick-up your child:

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

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

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

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

Describe any special health or medical problems (i.e. allergies, etc) your child may have (please make sure these issues are also documented on your child's health form):

(Please see reverse to indicate registration preferences)

## **Check Program You Prefer and Circle Day Preferences**

(Placement will be made based upon your child's birth date, space availability, and your preferences.)

Infant Program \_\_\_\_\_ # of Days \_\_\_\_\_ which day(s)  
(Ages 6 weeks through 1)

Child's Morning Out \_\_\_\_\_ 2-day program: M/W or T/TH  
(Ages 1 through 3)

\_\_\_\_\_ 3-day program: M/W/F or T/TH/F (2-day program plus Fun Fridays)

\_\_\_\_\_ 4-day program (M-TH)

\_\_\_\_\_ 4-days Plus (M-TH plus Fun Fridays)

Preschool \_\_\_\_\_ 3-day program M/T/W or M/T/TH or M/W/TH or T/W/TH  
(Ages 3 through 5)

\_\_\_\_\_ 4-day program (M-TH)

\_\_\_\_\_ 4-days Plus (M-TH plus Fun Fridays)

Extended Care: (only available as an addition to preschool registration)

\_\_\_\_\_ Mornings (8:00-9:30) M T W TH F

\_\_\_\_\_ Afternoons (12:30-5:30) M T W TH F

Please give any other information that you feel would be helpful to your child's teacher, including sibling names and ages:

I give my permission for my child's name and information to be published in the student directory, which is given only to parents of children in our program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this registration form with the non-refundable registration fee of \$90.00 to enroll your child. If you have any questions, please contact the Director, Debbi Heist at 272-1704.

### **For Office Use Only**

RF \_\_\_\_\_ RD \_\_\_\_\_ BC \_\_\_\_\_ DB \_\_\_\_\_ PKT \_\_\_\_\_ CP \_\_\_\_\_ T \_\_\_\_\_