Paradise Hills United Methodist Church Preschool

Enrollment Form

2026-2027

Child's Name:_____

Last First ZIP

Address: _____City:_____ Code_____

Age on Male_____ Is your Family Y

DOB: _____ **Aug 31, 2026:** _____ Female_____ Re-Enrolling? N

School Last Attended _____ Sibling Enrolled at PHUMCP: _____

Home Church_____*If you do not have a home church, would you like to receive some information about Paradise Hills Church?

Father/Guardian Information

Father's Name: _____
Address: _____

Best Contact Number_____

Employer_____

Occupation_____

Work Number_____

Email_____

Mother/Guardian Information

Mother's Name: _____
Address:_____

Best Contact Number_____

Employer_____

Occupation_____

Work Number_____

Email _____

Please Select Program(s) Desired

MW 2/3 MW 3/4 MW 4/5 TT 2/3 TT 3/4 TT 4/5 FFD_____

OFFICE USE ONLY **OFFICE USE ONLY**

Enrollment Date_____ First Day Attending_____ Discharge Date_____

Check #_____ Immunization Records _____

Cash _____

OFFICE USE ONLY Rec'd By _____ Forms _____ **OFFICE USE ONLY**