



A Ministry of Harmony United Methodist Church  
380 E. Colonial Hwy. Hamilton, VA 20158 (540) 338-2937  
www.harmonyva.org harmonyva@aol.com

## Application for Enrollment 2012/2013

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell/Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Class desired for Fall 2012 (Days and Times) 1st Choice: \_\_\_\_\_  
2nd Choice: \_\_\_\_\_

Describe your child's overall health. Does your child have any allergies or sensitivities to ANY substance (food, animals, pollen, dust, insects, soaps, etc.)? If so, how are they manifested (rash, stomach ache, runny nose, breathing difficulties)?

Does your child have any dietary restrictions? If so, please describe them in detail.

Please use this space to provide an additional information that would be helpful to our staff in planning for your child to attend our program (likes, dislikes, fears, etc.)

Acceptance of this form along with the non-refundable \$100 registration fee reserves your child a place in Harmony Preschool for the year beginning September 2012. Checks should be made payable to Harmony Preschool. If a class is full or canceled due to lack of enrollment the registration fee will be refunded. In return, we expect that you will honor your child's enrollment for the term unless you move or it is mutually agreed that dissolving this contract would be the most advantageous agreement for your child.

I agree to honor this registration form as described above. In case I do need to remove my child from the program, I will give 30 days notice or pay for this time.

Parent Signature \_\_\_\_\_