



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

ENROLLMENT APPLICATION

Application for: (Choose 1)
 ___ Schedule 1 (am 3 year old)
 ___ Schedule 2 (am 4 year old, 3 day a week)
 ___ Schedule 3 (am 4 year old, 5 day a week)
 ___ Schedule 4 (am 5 year old, K - Readiness)
 ___ Room color preference (not guaranteed)

(Please print or type all information)

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

Father's Name: _____ Mother's Name: _____

Child's Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

*E-Mail Address: _____

Father's/Mother's address (if different from student)
 _____ City: _____ State: _____ Zip: _____ Phone: _____

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 \$55.00 MUST accompany this application.
 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 name, address, and telephone number may be used on a car pool list to be given to the parents of other students.
 Yes No

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 (Your information will be included if boxed are not 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