

# The KUMC Training Station



## **PRESCHOOL ENROLLMENT FORM**

**Kenova United Methodist Church  
Attention: Training Station Preschool  
503 15th St.  
Kenova, WV 25530**

\*\*\*\*\*

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

Name you wish your child to be called in school: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Name of Friend/Family Member to be called in an emergency if you cannot be reached:

\_\_\_\_\_ Phone: \_\_\_\_\_

Others in Family: No. of brothers \_\_\_\_\_ Ages \_\_\_\_\_

No. of sisters \_\_\_\_\_ Ages \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Is your child right \_\_\_\_\_ or left \_\_\_\_\_ handed?

Does your child have any allergies or medical handicaps? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*Please list any additional information you consider important on the reverse side of this form.  
Thank you!*

\*\*Enrollment Fee - \$100.00