



2018-2019 Enrollment Application

Robbins Preschool

309 Church St

Lenoir NC 28645

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www.robbinpreschool.com

[or message us on our Facebook page – Robbins Preschool](#)

BASIC CONTACT INFORMATION

Child's Name (first) _____ (middle) _____ (last) _____

Name used _____ Sex of child _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Email _____

Mother's Name _____ Employer _____

Work Phone _____ Cell Phone _____

Father's Name _____ Employer _____

Work Phone _____ Cell Phone _____

Please circle Phone# to be used first during school hours. Put * by number that child will memorize for kindergarten readiness later in the year

GETTING TO KNOW YOUR CHILD

Brothers' Names and Ages _____

Sisters' Names and Ages _____

Are there custodial issues we should know about? _____

Special Needs and Concerns: _____

Allergies: _____

What are your child's likes and strengths _____

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What are your child's dislikes and fears? _____

Previous Preschool Experience? _____

How did you find out about our program? _____

What are your expectations for your child and our program?

(optional) religious affiliation _____

Are you interested in any evaluations provided by the Caldwell County School system such as speech therapy, developmental evaluation, occupational therapy, etc.? If so, note areas of interest _____

EMERGENCY NUMBERS AND RELEASE FORMS

In the case of an emergency or illness, and we are unable to contact you first, please provide the following information:

Emergency contact #1 _____ phone _____ relationship _____

Contact #2 _____ phone _____ relationship _____

Contact #3 _____ phone _____ relationship _____

(These should be local contacts that we may rely on to pick up your child if you are unable to be reached first. It is your responsibility to keep these numbers updated).

The following people (in addition to those listed above) are allowed to pick up your child:

1) _____ 2) _____ 3) _____ 4) _____

Emergency Medical Release – In the event I cannot be reached to obtain medical attention for my child, I authorize Robbins Preschool to obtain such care.

_____ (Signature and date)

Photography and Social Media – I give permission for my child’s picture to be used on Facebook, FUMC and Robbins Preschool websites as well as newspapers, brochures, and related media. _____ (Signature)

(Please like our facebook page – Robbins Preschool – for easier tagging of pictures)

My child has permission to ride on the First United Methodist Church bus.

_____ (Signature)

Child’s Physician _____ **Please provide a copy of immunization records.**

Are you applying for 5 day (\$180/mo.) _____, 3day (\$170/mo.) _____

Office use only: Turned in application on _____

Paid \$75.00 (non-refundable) registration fee _____ check # _____ cash _____

Robbins Preschool is a private, non-profit preschool , and we welcome all children. We do not discriminate by race, sex, color or creed. We reserve the right to refuse enrollment based upon review of this application. We also reserve the right to dismiss students at any time based upon our policies, insurance, or safety /supervisory guidelines for all students.
