

Kinderfolk Preschool

Child's Name _____ Date of Birth _____

Previous Preschool Experience _____

Brothers and Sisters (with ages)

Parent Name(s) _____

Address _____

Phone Home _____ Cell _____ Work _____

Email Address _____

Emergency Contact (other than parents)

_____ Phone _____

Physician _____ Phone _____

Address _____

Complete Vaccination Record (including dates)

Special Health Problems _____

Please list any special information which you feel may be helpful to the teacher on the back of this application.

I grant permission for _____ to accompany his/her classmates on any supervised, scheduled field trip which Kinderfolk may take.

Parent's Signature _____ Date _____

Please complete and mail, along with the \$35 application fee made out to
“BMUMC-Kinderfolk”, to:

Julia Umstead, Director
Kinderfolk Preschool
42 S Third Street
Lewisburg, PA 17837