

PEEPS- Pendleton Educational Enrichment Programs & Services  
Pendleton United Methodist Church  
Registration Form

Childs

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

School Year: \_\_\_\_\_

Please choose your Preference:

2 Days (T,TH) \_\_\_\_\_ 3 Days (M,W,F) \_\_\_\_\_ 5 Days (M-F) \_\_\_\_\_  
(1's and 2's option) (1's, 2's, 3's option) (1's, 2's, 3's and 4's option)

Preferred Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Please Check:

\_\_\_\_ PUMC Church Member Male: \_\_\_\_\_ Female: \_\_\_\_\_  
\_\_\_\_ Non-Member  
\_\_\_\_ Church Affiliation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Phone # \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Father's Work # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Phone# \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed

Siblings Names/Ages: \_\_\_\_\_

Names of all people who live in the home: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Please explain any disease, illness, or handicaps your child has had or now has:

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

Please list any allergies your child has had or now has (food, medicine, etc.):

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

Who is authorized to pick up your child? (If pick-up person is not on list notify Director Prior to pick-up)

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship: \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of an emergency, whom should we contact (If Parents can't be reached):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

How would you describe your child?

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What previous group experience has your child had?

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In what ways do you hope your child will benefit from our program ?

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Any other information we may need to know about your child? (Behavioral issues, ect.)

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How did you hear about PEEPS? \_\_\_\_\_

Do we have permission to print your name, address and home phone number in a PEEPS  
Preschool Directory? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only

\_\_\_\_/\_\_\_\_/\_\_\_\_ Registration Form Received  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Registration Fee Received      Amount Received \$ \_\_\_\_\_

By: \_\_\_\_\_