

**Luray United Methodist Preschool**

**1 West Main Street, Luray, VA 22835**

**Phone 540-743-6540**

**Student Application**

<b>Please Print</b>		
Child's Full Name		Name Child Goes By
Street Address	City	State/Zip
Date of Birth	Circle:    Male    Female	Child's Home Phone #

**Parent or Guardian Information**

Mother's Name	Father's Name
Home Address	Home Address
Cell #	Cell #
Home #	Home #
Email address:	Email address:
Employer	Employer
Employer #	Employer #

**Emergency Information**

First name of contact when parent can't be reached.	Second name of contact when parent can't be reached.
Home #	Home #
Cell #	Cell #
Address	Address
Employer	Employer
Work #	Work #
Relationship to child	Relationship to child

Date child entered preschool \_\_\_\_\_ Date child left preschool \_\_\_\_\_