



Lake Travis United Methodist Church Preschool
1502 Ranch Road 620 N
Austin, TX 78734
(512) 266-2250
www.ltumc.org

2010-2011 Enrollment Information

(Please print)

Child's Last Name: _____ First Name: _____ Name Called: _____
Gender: Male _____ Female: _____ Date of Birth: ____/____/____

Mother's Last Name: _____ First Name: _____ Middle Initial: _____

Employer: _____

Street Address: _____ City: _____ Zip: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Father's Last Name: _____ First Name: _____ Middle Initial: _____

Employer: _____

Street Address: _____ City: _____ Zip: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Primary Email: _____

Secondary Email Address: _____

Church Currently Attending: _____ None: _____

Guardian's/Nanny's Last Name: _____ First Name: _____

Guardian's/Nanny's Address: _____

City: _____ State: _____ Zip: _____

(Note: If guardian's address is different from child's, please submit documents concerning any custody arrangements)

Parent Authorizations

Initial all that apply:

_____ My child may be included in water play activities.

_____ My child may be photographed for use in school publications.

_____ My family gives permission to print our family's name address, phone number and email address for your child's class list.

_____ I agree to read and follow all the policies outlines the Lake Travis UMC Preschool Handbook (will be given at Back to School Night)

_____ I understand that I must submit the State Admission Form with my child's Immunization Records with the submission of this form, or prior to the first day of school.

Parent's Signature: _____ Date: _____