



Registration 2019 - 2020

Student Information

Last Name _____ First Name _____ Gender _____ Birth Date _____

Street Address _____ City _____ Zip Code _____

Father's Name _____ Mother's Name _____

Home Phone _____ Cell Phone-Mother _____ Cell Phone-Father _____ Preferred E-Mail _____

Are you enrolling a Sibling? _____
Y or N _____

Child's Name _____ Year _____

Please fill out a separate registration form for each additional child.

Emergency Contact

Name _____ Primary Phone # _____ Secondary Phone # _____

Relationship to child _____

Classes-Circle 1

2 YEAR OLDS

Tuesday/Thursday

Monday/Wednesday/Friday

3 YEAR OLDS

Tuesday/Wednesday/Thursday

Tuesday/Wednesday/Thursday/Friday

4 YEAR OLDS

Monday-Friday

Monday/Tuesday/Thursday/Friday

Class placement will be left to the discretion of the Director. A non-refundable \$75 registration fee per child and a \$200 tuition deposit per child is required upon enrollment. One check can be made payable to the Nursery School of the United Methodist Church. Please initial that you have read and understood the financial agreement provided separately. Please initial here _____

Parent Signature _____ Date _____