

Three-Year-Old Registration Form

Sessions Offered: *Please Select a Minimum of 2
Number in Order of Preference**

Registration Date _____

MWF AM _____ T-TH AM _____

MWF PM _____

2021-2022 Registration Fee of \$50.00 due at time of registration and is non-refundable. Please make checks payable to *Christ Church Preschool*.
*Please note that session preference is not guaranteed placement. Sessions are filled on a first come/first serve basis and placement is confirmed in the Spring.

Child's Name _____
Last First Middle Initial Preferred Name on File

Street Address _____ City _____ Zip _____

Birth Date _____ Phone Number _____ Boy Girl

Mother's Name _____ Address _____ City _____ Zip _____ Employer _____ Home Ph. _____ Work Ph. _____ Email _____	Father's Name _____ Address _____ City _____ Zip _____ Employer _____ Home Ph. _____ Work Ph. _____ Email _____
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Are you a Christ United Methodist Church member? Y / N If not, church affiliation _____

Describe any visual, hearing, allergies, special needs, or behavioral problems _____

Please indicate how you were referred to our center: _____

List any brothers or sisters in chronological order:
Names:

Birthdates:

Christ Church Preschool-Childcare experience:

Room/Teacher _____

Please list any notes or preferences to be considered for class placement:

For Office Use Only:	Registration:
Fall of 2021	Check # _____
Class <input checked="" type="checkbox"/> 3	Check date _____
<input type="checkbox"/> April Mailing	Reg. date _____
<input type="checkbox"/> June Mailing	Reg. time _____