

## Three-Year-Old Registration Form

Session: Number in order of preference \_\_\_\_\_

Registration Date \_\_\_\_\_

MWF AM \_\_\_\_\_ T-TH AM \_\_\_\_\_

MWF PM \_\_\_\_\_

**2020-2021 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 until confirmation in Spring.**

Child's Name \_\_\_\_\_  
Last First Middle Initial Preferred Name on File

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone Number \_\_\_\_\_  Boy  Girl

<p>Mother's Name _____</p> <p>Address _____</p> <p>City _____ Zip _____</p> <p>Employer _____</p> <p>Home Ph. _____ Work Ph. _____</p> <p>Email _____</p>	<p>Father's Name _____</p> <p>Address _____</p> <p>City _____ Zip _____</p> <p>Employer _____</p> <p>Home Ph. _____ Work Ph. _____</p> <p>Email _____</p>
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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:  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>For Office Use Only:</b>	<b>Registration:</b>
Fall of 2020	Check # _____
Class <input checked="" type="checkbox"/> 3	Check date _____
<input type="checkbox"/> April Mailing	Reg. date _____
<input type="checkbox"/> June Mailing	Reg. time _____