



3440 Shroyer Road  
 Kettering, Ohio 45429  
 (937) 293-1617

### Four-Year-Old Registration Form

Session: Number in order of preference\*

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

MWF AM \_\_\_\_\_ M-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

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 experience:  
 3's Class \_\_\_\_\_ 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"/> 4	Check date _____
<input type="checkbox"/> April Mailing	Reg. date _____
<input type="checkbox"/> June Mailing	Reg. time _____