



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

Five-Year-Old Registration Form

Sessions Offered:

Registration Date _____

Number in Order of Preference*

M - F 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 _____	Father's Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Employer _____	Employer _____
Home Ph. _____ Work Ph. _____	Home Ph. _____ Work Ph. _____
Email _____	Email _____

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 _____

4's Class _____ Teacher _____

For Office Use Only:	Registration:
Fall of 2021	Check # _____
Class <input type="checkbox"/> 5	Check date _____
<input type="checkbox"/> April Mailing	Reg. date _____
<input type="checkbox"/> June Mailing	Reg. time _____