



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

Five-Year-Old Registration Form

Session #: Number in order of preference

Registration Date _____

M-F 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*.

Child's Name _____
Last First Middle Initial Preferred Name

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? _____ 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 2020	Check # _____
Class <input type="text" value="5"/>	Check date _____
<input type="checkbox"/> April Mailing	Reg. date _____
<input type="checkbox"/> June Mailing	Reg. time _____