

Centenary Thru-the-Week School Registration Form



Date of Reg. _____
Time _____
Reg. Paid _____
S. Fee Paid _____

Days: M T W Th F Class: Mother's Morning Out 1 Year Olds 2 Year Olds 3 Year Olds 4 Year Olds
(Please circle days and class in which you wish to register your child)

Child's Name _____ Birth Date _____

Name by which child is most often called _____ Home Phone _____

Mailing Address _____ City/Zip _____

Child's T-Shirt Size (Please Circle): 2T 3T 4T X-Small Small (Shirts will be given at Open House)

Are both parents in home? _____

Father's Name _____ Cell Phone _____

Where Employed _____ Business Phone _____

Father's Email Address _____

Mother's Name _____ Cell Phone _____

Where Employed _____ Business Phone _____

Mother's Email Address _____

If neither father nor mother can be reached, in case of emergency, call: _____

Relationship _____ Phone _____ Cell Phone _____

Has your child had previous experience in preschool groups? _____

Does your child have any known allergies? _____

Are your child's immunizations up to date? _____ Vaccination records due by 1st day of school.

Church membership of father _____
(Name of Church)

Church membership of mother _____
(Name of Church)

Where child attends Sunday School _____

It is UNDERSTOOD AND AGREED by us that the church and the teachers are hereby released from all claims or financial responsibility arising from any accident or mishap that may occur in connection with the operation of the Preschool or from any illness that may be contracted by the child during the period of enrollment. I shall strive to cooperate with the Centenary United Methodist Church Thru-the-Week School.

Signed by Parent: _____