

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 _____

Full Mailing Address _____

Child's T-Shirt Size (Please Circle): 2T 3T 4T X-Small Small

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? _____

Other children in household (Please list name, age and sex of each) _____

Other adults in household (List relationship to child) _____

Does your child have any known allergies? _____

Are your child's immunizations up to date? _____

What contagious diseases has child had? _____

Please give any information concerning your child that will be helpful in his experience in group living (such as play, special interests, fears, likes and dislikes, etc.) _____

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 any and 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: _____