

UNITED METHODIST PRESCHOOL REGISTRATION APPLICATION

Child's Name _____ D. O. B. _____

Parent's Names _____

Mailing Address _____

Phone Number _____ E-mail _____

Application Submission Date _____

Please indicate your first and second choice of class for your child.

___ 3 Day 3's (Tues., Thurs.& Fri.) 9:00 AM – 12:00 PM

___ 3 Day 3's (Mon., Wed. & Fri.) 9:00 AM – 12:00 PM

___ 4 Day 4's (Mon.-Thurs.) 9:00 AM – 12:00 PM and one day until 1:55 PM

___ 5 Day 4's (Mon. - Fri.) 9:00 AM - 12:00 PM and two days until 1:55 PM

- Please check here if you previously had a child enrolled in UM Preschool.
- Please check here if you are a member of the United Methodist Church.
- If your child has attended a program previously, where did they attend?
Name of program _____

Please return this form to the school with a non-refundable \$75 registration fee payable to UM Preschool. Returning family and church member forms are due January 12. All other new registration forms are due by January 19.