

ST. GEORGE'S UMC PRESCHOOL REGISTRATION FORM

Date_____

Class Desired:

_____ 2 Day 2 ½/Young 3 Year Old Class - Tues & Thurs 9-11:45 am

_____ 3 Day 3 Year Old Class - Monday, Wednesday, Friday 9-11:50 am

_____ 3 Day 3 ½ Year Old Class - Monday, Wednesday, Friday 9-11:55 am

_____ 4 Day Transitional Class - Monday through Thursday 9-12 noon

_____ Fabulous Fridays for Transitional Class - Fridays 9-12 noon

Please note that classes are subject to change based on registration.

Child's Name_____

Last

First

Middle

Name you call your child:_____ Sex:_____ Date of Birth:_____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Email Address:_____

Father's Name:_____ Business Phone:_____

Occupation/Employer:_____

Address of Employer:_____

Mother's Name:_____ Business Phone:_____

Occupation/Employer:_____

Address of Employer:_____

Names/Ages of Children in your Family:_____

Religious Preferences:_____

How did you find out about us?_____

May we list your name, home and email address, and phone number in our school directory? Yes_____ No_____

Signature of Parent/Guardian_____

·
· Registration Fee received on _____ Check # _____ Cash _____
Received by _____ Amount _____