

ST. GEORGE'S UMC PRESCHOOL REGISTRATION FORM

Date _____

Class Desired:

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

_____ 3 Day 3 Year Old Class - Monday, Wednesday, Friday 9-12 noon

_____ 3 Day 3 ½ Year Old Class - Monday, Wednesday, Friday 9-12 noon

_____ 4 Day Transitional Class - Monday through Thursday 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: _____

Referred by: _____

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 _____