

**Aldersgate Preschool & Children's Morning Out  
August 2011 to May 2012 School Year  
Registration Form**

**Program Choice**

Toddlers \_\_\_\_\_ (walking – age 2)

Two's \_\_\_\_\_ (2 as of 9/1/11)

**Choice of Days**

M T W TH F (two's may pick two or more days)

3 Day Three's (T, W, Th) \_\_\_\_\_

5 Day Three's (M thru F) \_\_\_\_\_

3 Day Four's (M, W, F) \_\_\_\_\_

5 Day Four's (M thru F) \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Name Child goes by: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Boy or Girl (circle) Date of Birth \_\_\_/\_\_\_/\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Father's Cell (\_\_\_\_) \_\_\_\_\_ Mother's Cell (\_\_\_\_) \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Siblings: (Name, sex and age) \_\_\_\_\_

Are you a member of Aldersgate United Methodist Church: Y / N (circle)

If not, Religious Affiliation: \_\_\_\_\_

**Who can we thank for referring you to Aldersgate Preschool?** \_\_\_\_\_

Additional information: (allergies, special needs, etc) \_\_\_\_\_

**Emergency Contact: (Name, Number and Relationship)** \_\_\_\_\_

**Child's Physician: (Name and Number)** \_\_\_\_\_

**I agree in the event of an accident or the illness of my child while at school, if I cannot be immediately contacted, the personnel of Aldersgate Preschool are authorized to use their discretion in obtaining medical assistance for my child.**

**Yes / No (circle) Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**In order to reserve a spot for your child, registration must be paid. Current families with an existing balance must pay the balance in order to register. This registration fee is non-refundable. Tuition will be due the 1<sup>st</sup> of each month. I understand that there will be a late fee of \$10.00 added to my account if payment is not received by the 10<sup>th</sup> of every month. There are no prorating fees for days missed or holidays.**

I agree to the above statement \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

For Preschool Staff to complete

Registration Fee Paid: YES / NO Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_