Christ United Methodist Church Preschool Registration
3440 Shroyer Rd.
Kettering, OH 45429
937-293-1617

Session: Number in order of preference **Today's Date** _____

MWF AM ____ TTH AM ____

MWF PM ____

2010-2011 Registration Fee of $50.00 due at time of registration.
Please make checks payable to Christ United Methodist Preschool.

Child's Name _____
Last First Middle Initial Preferred Name

Street Address _____ **City** _____ **Zip** _____

Birthdate _____ **Phone Number** _____ **Boy** ☐ **Girl** ☐

Mother's Name _____	**Father's Name** _____
Address _____	**Address** _____
City _____ **Zip** _____	**City** _____ **Zip** _____
Employer _____	**Employer** _____
Home Ph. _____ **Work Ph.** _____	**Home Ph.** _____ **Work Ph.** _____

Are you a Christ United Methodist Church member? ____ **If not, church affiliation** _____

Describe any visual, hearing, allergies, handicaps, or behavior problems

_____

_____

Please indicate how you were referred to our center: _____

List any brothers or sisters in chronological order

Names: _____ **Birthdates:** _____

_____ _____

_____ _____

Christ United Methodist Preschool experience:

3's class _____ **Teacher** _____

4's class _____ **Teacher** _____

For Office Use Only: **Registration:** _____

Fall of 2010 **Check #** _____

Class 3 ☐ **4** ☐ **5** ☐ **Check date** _____

Reg. date _____

Reg. time _____