

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

Session: Number in order of preference _____

Registration Date _____

MWF AM _____ TTH AM _____

MWF PM _____

2011-2012 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 _____ Address _____ City _____ Zip _____ Employer _____ Home Ph. _____ Work Ph. _____	Father's Name _____ Address _____ City _____ Zip _____ Employer _____ Home Ph. _____ Work Ph. _____
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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** _____

<u>For Office Use Only:</u>	<u>Registration:</u>
Fall of <u>2011</u>	Check # _____
Class 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Check date _____
	Reg. date _____
	Reg. time _____