



For Office Use Only:

Registration Fee: \$30 Paid

Security Deposit: \$200 Paid

Christ UMC Child Care Center Registration Form

Please Print Clearly:

Child's Name: _____

Sex: M or F
(Circle One)

Child's Age: _____ Child's Birthdate: _____

Child's Address: _____

Mother's Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email address: _____

(This email address will be used for registration confirmation, office communications, etc.)

Father's Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email address: _____

(This email address will be used for registration confirmation, office communications, etc.)

Does your child have any physical, mental, emotional, speech or developmental delays? If yes, please specify. You will be contacted by the director to discuss.

Does your child have an IEP or an ISFP? If yes, what agency, program or individuals work with your child in regards to these special needs?

Does your child have any allergies the staff should be aware of?

Does your child have any ongoing health concerns or medications that he/she takes regularly?

Please indicate the classroom and days in which you would like to enroll your child. Place a check mark in the desired box and circle the days of the week.

Infant Room

Part Time (3 day minimum) Full Time (5 days/week)

M T W Th F

Walker Room

Part Time (3 day minimum) Full Time (5 days/week)

M T W Th F

Toddler Room

Part Time (4 day minimum) Full Time (5 days/week)

M T W Th F

Tigers Room

Full Time (5 days/week)

Readiness Rooms

Full Time (5 days/week)

School Plus

Kindergarten Before School After School

Signature: _____ Date: _____