



# CHATHAM UNITED METHODIST CHURCH NURSERY SCHOOL FOUR YEAR OLD REGISTRATION FORM

CUMC Nursery School Alumni Family? \_\_\_\_\_ CUMC Member? \_\_\_\_\_

**Note on Dates:** Registration applications may be submitted after January 1, 2010. Notification of enrollment status will be in late January.

**Please Print:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Preferred name to be used in school: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Complete Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home/Primary E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Business) (Cell)

Place of Business: (Company Name & complete address) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Business) (Cell)

Place of Business: (Company Name & complete address) \_\_\_\_\_

Siblings: (Names, Birth Dates)

Other Household Members: \_\_\_\_\_

**REGISTRATION FOR FOUR YEAR OLD PROGRAM** (Must be 4 by 10/1/10).

**Please indicate your choice # 1 and choice # 2**

\_\_\_\_\_ 4 yr old **3 DAY MORNING** Class (9:00-11:30 AM)

Optional Fourth Day Class Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in the once a week Lunch Program? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ 4 yr old **3 or 4 DAY AFTERNOON** Class ( 12:45 - 3:15 PM)

\_\_\_\_\_ **3 DAYS OR** \_\_\_\_\_ **4 DAYS**

Are you interested in the once a week Lunch Program? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that if I enroll my child in the Nursery School, I must abide by the payment schedule listed on the Information Sheet.

Parent's Signature \_\_\_\_\_