



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, 2012. 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 10/1/12).

Please indicate your choice # 1 and choice # 2

_____ 4 yr old **MORNING** Class (9:00-11:30 AM) Monday, Tuesday, Wednesday, (Thursday)
_____ **3 DAYS OR** _____ **4 DAYS**

Are you interested in the once a week, Wednesday, Lunch Program? Yes _____ No _____

_____ 4 yr old **AFTERNOON** Class (12:45 - 3:15 PM) Monday, Tuesday, Wednesday, (Thursday)
_____ **3 DAYS OR** _____ **4 DAYS**

Are you interested in the once a week, Tuesday, 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 _____

If you are new to our school, please let us know how you learned about our program at Chatham United Methodist Nursery School: Library Open House, MMO information sessions, newspaper, website, neighbors and friends, individual tour, other. _____ Thank you!