

**Central United Methodist Day School  
Registration Form  
4 year old Classes**

**Mon-Wed \_\_\_\_\_ Mon - Thurs \_\_\_\_\_ Monday - Friday \_\_\_\_\_**  
**(Please mark your 1<sup>st</sup> and 2<sup>nd</sup> choice of classes)**

Child's Full Name \_\_\_\_\_

Name called by \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Child is under the primary custodial care of: (Please circle)  
Both parents      Mother      Father      Other \_\_\_\_\_

With whom does the child live: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address for Day School Notices: \_\_\_\_\_

Does your child have allergies: No \_\_\_\_\_ Yes \_\_\_\_\_ \*\* If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Other Children in family: Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_

Names/Ages: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Favorite Activities: \_\_\_\_\_

Least Favorite: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fee Schedule for 2019-2020: 3-day class - \$130.00/month; 4-day - \$145.00/month; 5-day - \$160.00/month**  
**All Scholarship applications are due by July 1<sup>st</sup>. Please see the Director for applications.**  
**Please include a \$65.00 non-refundable registration fee. September tuition is due by August 10, 2019.**  
Central Methodist Day School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

