

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

Mon/Wed/Fri _____

Tues/Thurs _____

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 your 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: 2-day classes - \$115.00/month 3-day class - \$130.00/month
All Scholarship applications are due by July 1st. 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

**Central United Methodist Day School
Registration Form
Toddler Class**

Mon/Wed _____

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 your 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: _____

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