



Application Form for Students 2017-18 School Year

This form should be completed and returned to the Preschool office with a non-refundable **application fee of \$50**. The check should be made payable to "CCUMC Preschool."

Child's full name _____ Gender _____ Birth Date _____

Home address _____
Street City, State Zip Code

Home Phone _____

1. Parent/Guardian name _____ Cell phone _____

Email _____ Occupation _____

2. Parent/Guardian name _____ Cell phone _____

Email _____ Occupation _____

Child's status:

- ___ Currently enrolled student: class _____
- ___ Parents hold full membership at CCUM Church (membership date _____)
- ___ Sibling of currently enrolled child (name _____)
- ___ Alumni child's name _____ year/class enrolled _____
- ___ General Community

Does this child have any physical or other limitations of which we should be made aware? _____

If so, please describe: _____

Please check the class for which you would like to register your child. Indicate a "first choice" and "second choice" when selecting a class for your child for which there is more than one option. (e.g. children eligible for the 2 year old 2-day classes are also eligible for the 2 year old 3-day classes).

- ___ **Mid-year 2 year old classes (Jan.-June)** BD 9/1/15 – 12/31/15, **2 days a week** (T/Th), 9:00am - 12:00pm
- ___ **2 year old classes** BD 9/1/14 – 8/31/15, **2 days a week** (T/Th), 9:00am - 12:00pm
- ___ **2 year old classes** BD 9/1/14 – 5/31/15, **3 days a week** (M/W/F), 9:00am - 12:00pm
- ___ **3 year old classes** BD 9/1/13 - 8/31/14, **3 days a week** (M/W/F), 9:00am - 12:00pm
- ___ **3 year old classes** BD 9/1/13 - 8/31/14, **5 days a week**, 9:00am - 12:00pm
- ___ **Pre-K classes** BD 9/1/12 – 8/31/13, **5 days a week**, 9:00am - 12:00pm

Parent's signature _____ Date _____

OFFICE USE ONLY

Registration Fee: Received / /17 (Ck# , \$ dated / /17)

Deposit: Received / /17 (Ck# , \$ dated / /17)

Class Placement _____

Wait List _____
