

# United Methodist Children's Center Enrollment Form 2022/2023

Child's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Mother's Name (and address if different than above) \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Father's Name (and address if different than above) \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Allergies and medical concerns \_\_\_\_\_

Previous Child Care experience Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, where) \_\_\_\_\_

List siblings and ages \_\_\_\_\_

How did you hear about the Children's Center? \_\_\_\_\_

Church Home: \_\_\_\_\_

Additional comments or concerns you would like the staff to be aware of  
\_\_\_\_\_

I will be enrolling my child for:

\_\_\_ Infant                      \_\_\_ Toddler

\_\_\_ 2/3 program              \_\_\_ 3/4 program              \_\_\_ 4/5 program (pre-k)  
2 by 9/1/22                      3 by 9/1/22                      4 by 9/1/22

\_\_\_ 5 Full days (as early as 7:00 am to as late as 5:30 pm)

\_\_\_ 5 Half days (Morning- lunch only)

\_\_\_ 2 days                      \_\_\_ Full day                      \_\_\_ Half day Please list which days

\_\_\_ 3 days                      \_\_\_ Full day                      \_\_\_ Half day

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_