

United Methodist Children's Center
Enrollment Form 2023-2024
Non-Refundable \$85.00 Registration Fee

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 (2 by 9/1/23)
____ 3/4 program (3 by 9/1/23) _____ 4/5 (pre-k) program (4 by 9/1/23)

____ 5 Full days (as early as 7:00 AM to as late as 5:30 PM)

____ 5 Half days (as early as 7:00 AM-12:30 PM)

____ 4 days _____ Full day _____ Half day

____ 3 days _____ Full day _____ Half day

____ 2 days _____ Full day _____ Half day

Preferred Days for Part Time (Circle) Monday Tuesday Wednesday Thursday Friday

Parent's signature _____ Date _____