

United Methodist Children's Center  
Enrollment Form 2025-2026  
\$100.00 Non-Refundable Enrollment Fee

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

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

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

Parent #1 (and address if different than above) \_\_\_\_\_

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

Parent #2 (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 9/1/25      3 by 9/1/25      4 by 9/1/25

\_\_\_\_ 5 Days      \_\_\_\_ 4 Days      \_\_\_\_ 3 Days      \_\_\_\_ 2 Days

Indicate Preferred Days \_\_\_\_\_ Half Day or Full Day \_\_\_\_\_

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