

Centenary Thru-the-Week School

Registration Form



Class _____ Date of Registration _____

Child's Name _____ Birth date _____

Name by which child is most often called _____ Phone _____

Address _____

Are both parents in home? _____

Father's Name _____ Cell Phone _____

Where Employed _____ Business Phone _____

Father's Email Address _____

Mother's Name _____ Cell Phone _____

Where Employed _____ Business Phone _____

Mother's Email Address _____

If neither father nor mother can be reached, in case of emergency, call: _____

Relationship _____ Phone _____ Cell Phone _____

Name of child's doctor _____ Phone _____

Has your child had previous experience in preschool groups? _____

Other children in family (Please list name, age and sex of each) _____

Other adults in family (List relationship to child) _____

Does your child have any known allergies? _____

Are your child's immunizations up to date? _____

What contagious diseases has child had? _____

Please give any information concerning your child that will be helpful in his experience in group living (such as play, special interests, fears, likes and dislikes, etc.) _____

Church membership of father _____
(Name of Church)

Church membership of mother _____
(Name of Church)

Where child attends Sunday School _____

It is UNDERSTOOD AND AGREED by us that the church and the teachers are hereby released from any and all claims or financial responsibility arising from any accident or mishap that may occur in connection with the operation of the Preschool or from any illness that may be contracted by the child during the period of enrollment. I shall strive to cooperate with the Centenary United Methodist Church Thru-the-Week School.

Signed by Parent: _____