

Methodist Weekday Child Development Center
Registration/Enrollment

Class _____

Date _____

Child's Name: _____:

Last _____ First _____ MI _____

Address _____ Home Phone _____

Birthdate _____ Sex Male Female Ethnicity _____ Church Affiliation _____ Member Yes No

1 Start Date _____ Program (infant, toddler, 2-3, 3-4, PreK) _____

Schedule, including time and days M T W Th F (Doors open 7:30 Doors close 5:30)

Infant Half day(11:45) ¾ day (2:30) Full time (5:30)

Dr's Name _____ Phone _____

Blood Type _____ Date of Last Physical _____

Allergies _____

Emergency Contact (Other than Parent) _____ Phone _____

Address _____ Relationship _____ PIN: _____

Parent Information: Primary caregiver _____ Secondary caregiver _____

Mother Last _____ First _____ MI _____

Address _____ Email _____

Phone _____

H _____ W _____ C _____

Employer _____ Occupation _____ PIN _____

Father Last _____ First _____ MI _____

Address: _____ Email _____

Phone _____

H _____ W _____ C _____

Employer _____ Occupation _____ PIN _____

Parent Signature _____ Date _____

For Office Use Only

SCHOLARSHIP _____ CCMS _____ DISCOUNT _____

COST PER MONTH _____ REGISTRATION FEE PAID _____

Registration fees are non-refundable