

## Registration

Crosswood UMC Preschool

**Mon-Wed-Fri 4/5 year old Class (4yrs by Aug. 1) \*Must be potty trained**

Child's Name \_\_\_\_\_

Morning Class (9:00/11:30) \_\_\_\_\_

How should their name tag read? \_\_\_\_\_

Afternoon Class (12:30/3:00) \_\_\_\_\_

Child's Birth Date \_\_\_\_\_

Today's Date \_\_\_\_\_

Parent's Name \_\_\_\_\_

Pd \$35 Reg. fee (ck#) \_\_\_\_\_

(\*Reg. fee is non-refundable)

Home Address \_\_\_\_\_

City & Zip \_\_\_\_\_ What school district do you live in? \_\_\_\_\_

Phone # \_\_\_\_\_

Brothers and Sisters (Names and Ages)

Has your child had experience with:

Scissors \_\_\_\_\_ Paint \_\_\_\_\_ Clay \_\_\_\_\_ Glue \_\_\_\_\_ Crayons \_\_\_\_\_

Left or Right Handed \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What form of discipline does your child respond to effectively? \_\_\_\_\_

Do you have any Speech concerns for your child? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

Are there any health/emotional problems and or physical disabilities/limitations? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain

Do you have a home church? And does your child participate in Sunday School? \_\_\_\_\_

**Registration**

**Crosswood UMC Preschool**

**Tue-Thurs 3/4 year old Class (3yrs by Aug. 1) \*Must be potty trained**

Child's Full Name \_\_\_\_\_

Morning Class (9:00/11:00) \_\_\_\_\_

How should their name tag read? \_\_\_\_\_

Afternoon Class (12:00/2:00) \_\_\_\_\_

Child's Birth Date \_\_\_\_\_

Today's Date \_\_\_\_\_

Parent's Name \_\_\_\_\_

Pd \$35 Reg. fee (ck#) \_\_\_\_\_

(\*Reg. fee is non-refundable)

Home Address \_\_\_\_\_

City & Zip \_\_\_\_\_ What school district do you live in? \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
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Brothers and Sisters (Names and Ages)

Has your child had experience with:

Scissors \_\_\_\_\_ Paint \_\_\_\_\_ Clay \_\_\_\_\_ Glue \_\_\_\_\_ Crayons \_\_\_\_\_

Left or Right Handed \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What form of discipline does your child respond to effectively? \_\_\_\_\_

Do you have any Speech concerns for your child? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

Are there any health/emotional problems and or physical disabilities/limitations? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain

Do you have a home church? And does your child participate in Sunday School? \_\_\_\_\_