

ARDMORE UNITED METHODIST CHURCH
Through-The-Week School

630 South Hawthorne Road
Winston Salem, NC 27103
336.722.8430 www.ardmoreumc.org

School Year _____ Class _____

REGISTRATION FORM

Child's Name _____

Name Goes By _____ Male Female Birthdate _____

Home Address _____

_____ Home Phone _____

Mother's Name _____ Cell Phone _____

Occupation _____ Work Phone _____

Father's Name _____ Cell Phone _____

Occupation _____ Work Phone _____

Parent's Martial Status: Married Divorced Single

E-Mail Address _____

Please check program desired:

- Four-Year Preschool**
5 Days 4 Days 3 Days (Mon/Wed/Fri) 2 Days (Tue/Thu)
- Three-Year Preschool**
3 Days (Mon/Wed/Fri) 2 Days (Tue/Thu)
- Two-Year Preschool**
3 Days (Mon/Wed/Fri) 2 Days (Tue/Thu)
- Mother's Morning Out**
Crib Baby (Infant - One) Mon Tue Wed Thu Fri
Toddler (One - Two) Mon Tue Wed Thu Fri

Brothers and Sisters _____ Age _____

_____ Age _____

_____ Age _____

Church Affiliation Yes No Name of Church _____

Child's Doctor _____ Phone _____

EMERGENCIES: If parents cannot be reached call (must be local):

Name _____ Phone _____

Name _____ Phone _____

Allergies (please list) _____

Previous Preschool Experience Yes No _____

Special Interests _____

Fears _____

Additional Comments about your child _____

What would you like to accomplish with your child this year?

1. _____

2. _____

I give my permission for emergency treatment (if neither parent can be reached).

Hospital Preference: Forsyth Medical Center

Wake Forest Baptist Hospital

Other Specify _____

Parent's Signature _____ Date _____

Enclosed _____ Registration Fee _____

