



Office Use Only: Application Date: \_\_\_\_\_ Check # \_\_\_\_\_

**2017-2018 Registration Form**  
**Aldersgate Week Day School**

**Child's Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** M \_\_\_\_\_ F \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

**Class:** **Toddlers** T/Th \_\_\_\_\_ MWF \_\_\_\_\_ M-F \_\_\_\_\_ **2's** T/Th \_\_\_\_\_ M-F \_\_\_\_\_  
**3's** MWF \_\_\_\_\_ M-F \_\_\_\_\_  
**4's** \_\_\_\_\_ **4 day 4's** \_\_\_\_\_

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**Mother's Name:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Mother's Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

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**Father's Name:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Father's Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Are you a member of Aldersgate United Methodist Church?**  **Yes**  **No**

Registration is \$30.00 for existing students and church members and \$60.00 for new students. Registration fees help with expenses such as registration paperwork, mailings, and postage along with miscellaneous expenses during the school term. Classes are filled on a first come – first serve basis according to the date that the **non-refundable registration fee** is paid. The registration fee must accompany the application in order to hold your child's spot in the preschool. If classes are filled when a parent inquires, the child's name will be placed on a waiting list. A deposit is required to put a child's name on the waiting list. As vacancies occur during the year, they will be filled from the waiting list or from new registrations according to the above procedure. **ALL REGISTRATION FEES ARE NON-REFUNDABLE.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_