



Office Use Only: Application Date: _____ Check # _____

2018-2019 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** _____

Mother's Name: _____ **Home #:** _____ **Cell #** _____

Address: _____
(Street) (City) (State) (Zip)

Mother's Employer: _____ **Work Phone:** _____

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:** _____