

Office use Onlu:	Application Date:	Check #

2019-2020 Registration Form Aldersgate Week Day School

Child's Name:				
(Last)	(First)	(Middle)	(Nickname)	
ddress:				
(Street)	(City)	(State)	(Zip)	
irth Date:	Age:	Sex: M	F	
arent Email Address:				
lass: Toddlers T/Th 3's MWF M-F		2's T/Th	M-F	
4's 4 day 4's _ ****	<u>****</u>	****		
other's Name:	Home #	: Cel	1 #	
ddress:				
(Street)	(City)	(State)	(Zip)	
other's Employer:		Work Phone:		
****	*******	****		
ather's Name:	Home #:	Cel	11 #	
ddress:				
(Street)	(City)	(State)	(Zip)	
ather's Employer:	Work Phone:			
re you a member of Aldersga	to United Mathedist C	hurch? 🗆 Yes	□ No	
re you a member of Afuersga	tte omtea methoaist c	murch: les	□ NO	
Registration is \$30.00 for exegistration fees help with expenses iscellaneous expenses during the so the date that the non-refundable oplication in order to hold your child hild's name will be placed on a wait is vacancies occur during the year, the	s such as registration pap hool term. Classes are filled registration fee is paid. 's spot in the preschool. If d ing list. A deposit is require	erwork, mailings, and on a first come – first The registration feet lasses are filled when the to put a child's na	nd postage along wast serve basis accorded must accompany in a parent inquires, ame on the waiting l	
the above procedure. ALL REGIST	RATION FEES ARE NON-R	EFUNDABLE.		
arent Signature:		Date:		