



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

## 2024-2025 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: Toddler (1 yr)** T/Th \_\_\_\_\_ MWF \_\_\_\_\_ M-F \_\_\_\_\_

**2 year old** T/Th \_\_\_\_\_ MWF \_\_\_\_\_ M-F \_\_\_\_\_

**3 year old** MWF \_\_\_\_\_ M-F \_\_\_\_\_

**4 year old** \_\_\_\_\_ M-F **4 day 4's** \_\_\_\_\_ M-Th

**Class is determined by child's age on August 31st**

\*\*\*\*\*

**Parent 1 Name:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

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

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

\*\*\*\*\*

**Parent 2 Name:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

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

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

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

Registration is \$50.00 for existing students and church members and \$75.00 for new students. 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. **ALL REGISTRATION FEES ARE NON-REFUNDABLE.**

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

**Date:** \_\_\_\_\_