

2025-2026 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 1 Name: _____ Home #: _____ Cell # _____

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

Employer: _____ Work Phone: _____

Parent 1 Email Address: _____

Parent 2 Name: _____ Home #: _____ Cell # _____

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

Employer: _____ Work Phone: _____

Parent 2 Email Address: _____



List the names of persons who are permitted to pick up your child from the Preschool Program:

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

Does your child have any known allergies such as food, medications, plants or animals that we should be aware of? Yes No
If yes, please explain. _____

Does your child require medication to be administered during morning hours? Yes No
****If yes, please complete a Medication Administration Form.****

Does your child have any medical condition that we should be aware of while at the preschool? (I.e. asthma, allergies, etc.) Yes No
If yes, please explain. _____

Is there anything your child cannot eat? Yes No
If yes, please list. _____

Is there any food that you wish for child to not receive while at school? Yes No
If yes, please list. _____

Does your child have particular fears or anxieties of which we should be aware? Yes No
If yes, please explain. _____

Emergency Care Information:

Child's Doctor: _____ Phone: _____
Office Address: _____

If neither parent can be reached, whom should we contact in case of an emergency situation?

(Name)	(Relationship)	(Phone Number)
_____	_____	_____
(Name)	(Relationship)	(Phone Number)

Parent Statement:

*With any pediatric emergency, children will be transported to Duke Medical Center. I agree that the Director may authorize the physician of her choice to provide emergency care in the event that neither I, nor the family physician can be contacted immediately. ****Please have both parents sign this form!*****

(Parent Signature) (Date) (Parent Signature) (Date)