



Office Use Only: Application Date: _____ Check # _____

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 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: _____