

MT. ZION UMC PRESCHOOL  
APPLICATION FOR REGISTRATION  
SCHOOL YEAR 2019-2020

Child's Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name that the teacher should use in addressing the child \_\_\_\_\_

Date of Birth \_\_\_\_\_ (month, day, year)

Child's  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's/Guardian's Telephone (\_\_\_\_) \_\_\_\_\_ Cell phone(\_\_\_\_) \_\_\_\_\_

Emergency Names/Numbers: (Case of Emergency)- \_\_\_\_\_

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Email address where Preschool Handbook may be sent: \_\_\_\_\_

Father's Name \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Mother's Name \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Child lives with \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Father's Work and Number \_\_\_\_\_

Mother's Work and Number \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Number \_\_\_\_\_

Person(s) authorized to pick up your child and telephone numbers:  
\_\_\_\_\_

Any Physical Conditions (asthma, epilepsy, etc.) \_\_\_\_\_

Any Allergies to Foods \_\_\_\_\_

Other Family Members (Names/Ages) \_\_\_\_\_

I would like to register my child in the following class: (Please check)

\_\_\_ 1-Year-Old Class 9:00a-11:00 am Monday and Wednesday Tuition: \$75/month  
Child must be one year old by August 31<sup>st</sup> 2018

\_\_\_ 2-Year-Old Class 9:00a -11:30am Tuesday and Thursday Tuition: \$90/month  
Child must be two years old by August 31<sup>st</sup>, 2018

\_\_\_ 3-Year-Old Class 9:00a -11:45am Tuesday, Wednesday, Thursday Tuition: \$100/month  
Child must be three years old by August 31<sup>st</sup>, 2018

\_\_\_ 4-Year-Old Class 9:00a-12:00pm Monday - Thursday Tuition: \$115/month  
Child must be four years old by August 31<sup>st</sup>, 2018

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN TO THE PRESCHOOL WITH YOUR REGISTRATION FEE OF \$65.00**

Mt. Zion UMC Preschool, 135 Clay Long Road, Hurdle Mills, NC 27541 c/o Brooke Gentry