

Registration Form for Memorial UMC Child Enrichment Program

2009 - 2010

Child's Name: _____ Birthdate _____

Parent's Names: _____

Address _____

Telephone _____

Please note all registration fees are **NON-REFUNDABLE** once your child has been placed in a class. Please show your preference by placing (1) for first choice, (2) for second choice and a (3) for third choice by your class choice.

CLASS:

Infants:
_____ Mon/Wed

ONES:
_____ Mon/Wed

TWOS:
_____ Mon/Wed

_____ Tue/Thurs

_____ Tue/Thurs

_____ Tue/Thurs

_____ Four Days

_____ Four Days

_____ Four Days

THREES:

_____ Mon/Wed

_____ Tue/Thurs

_____ Four Days

FOURS:

_____ Mon/Wed

_____ Tue/Thurs

_____ Four Days

If your child will be using our early or late stay programs please circle appropriate days.

Early Stay: Mon. Tue. Wed. Thur. Fri.

Late Stay: Mon. Tue. Wed. Thur. Fri.

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(office use only)

Class Enrolled _____

Date Enrolled _____

Enrollment Fee Rec'd _____ Amount _____ Check Number _____