



Aldersgate Child Development Center 2017-2018 Registration Form

Today's Date _____ Child's age as of 9/1/17 _____

Child's Name _____
LAST FIRST MIDDLE (NAME CALLED)

Birth Date (Month/Date/Year) _____ Male _____ Female _____

Previous School Experience (daycare, preschool, etc) _____

FAMILY INFORMATION

Parent(s) _____ Home Phone _____

Home Address _____
City Zip

Mother's Occupation/Employer _____ Phone _____
Mother's email address _____

Father's Occupation/Employer _____ Phone _____
Father's email address _____

Position of child in family (only, 1st, middle, etc) _____
Mother & Father living in home? _____ Single parent? _____ Other _____
Siblings (list names & ages) _____ Others living in the home
Brothers: _____ Sisters: _____ (list name & relationship):

Please explain any special characteristics or needs your child may have: _____

Allergies or other conditions (in none, please write NONE) _____

Do you attend church regularly? _____ If so, where? _____

IN CASE OF EMERGENCY

In case of emergency, if parents cannot be contacted, I give Aldersgate Child Development Center and Jennifer Nelson, Director, permission to take whatever medical steps needed to insure the health of my child.

Parent Signature _____ Date _____

**Please fill out a separate form for each child you are registering.
For Early Stay (7:30-9:00 am) and Extended Stay (2:00-4:30 pm), please complete the yellow sheet.**

Child's Name _____ (print child's first name as you would like it to be monogrammed on his/her school bag; include a \$10 new bag fee if your child is new to our school or if you need a new bag printed)

Please select class requested for 2017-2018 school year:

WEE School:

1 Year Class (circle days requested):

Mondays Tuesdays Wednesdays Thursdays Fridays

2 Year Class (circle days requested):

Mondays Tuesdays Wednesdays Thursdays Fridays

Kindergarten (circle class requested):

K3 Tuesday & Thursday

K3 Monday, Wednesday & Friday

K3 5 Day

K4 Monday, Wednesday & Friday

K4 5 Days

K5 (Full Day, 9am -2pm)

Late Stay, 12:00-2:00 pm (circle days requested) (Optional for K3 & K4)

Mondays Tuesdays Wednesdays

Thursdays Fridays

School Directory Permission

We will provide each family with a school directory. We will include child's name, parents' names, address, phone number and email. This is helpful with parties, play dates, etc. Please check one:

- Yes, please include our information in the school directory.
 No, please do NOT include our information in the school directory.

Permission to Photograph

Check each box to give us permission to use your child's photograph on the:

- | | |
|-------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Aldersgate CDC website | <input type="checkbox"/> printed promotional materials for the school |
| <input type="checkbox"/> Aldersgate CDC Facebook page | <input type="checkbox"/> school videos (such as our Christmas program) |

Medical Emergency Contacts

In case of emergency, if we cannot reach you at the numbers on the reverse, who else can we contact?

Name:
Relationship to child:
Phone numbers:

Name:
Relationship to child:
Phone numbers: