

Aldersgate Child Development Center 2025-2026 Registration Form

Today's Date		Child's age as of 9/1/25		
Child's Name LAST	FIRST	MIDDLE	(NAME CALLED)	
Birth Date (Month/Date/Year)		Male J	,	
Previous School Experience (dayo				
	FAMILY INFO	RMATION		
Parent(s)	ent(s) Hon		me Phone	
Home Address		City	7:	
		City	Zip	
Mother's Occupation/Employer _ Mother's email address _			CellPhone	
Father's Occupation/Employer Father's email address			CellPhone	
Position of child in family (only, 1 Mother & Father living in home?		parent?	Other	
Siblings (list names & ages) Brothers:	Sisters:		Others living in the home (list name & relationship):	
Please explain any special charact	eristics or needs your chi			
Allergies or other conditions (in n	one, please write NONE))		
Do you attend church regularly?	If so, where?			
In case of emergency, if parer	IN CASE OF EM	give Aldersgate Child	l Development Center and	
Jennifer Nelson, Director, permiss	sion to take whatever med	dical steps needed to in	nsure the health of my child.	
Parent Signature			Date	

Please fill out a separate form for each child you are registering.

would like it to be labeled 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) Please select class requested for 2025-2026 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 K4 Monday, Wednesday & Friday K3 Tuesday K4 5 Days K3 Days K5 Late Stay, 11:45am - 1:45pm (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. Permission to Photograph Check each box to give us permission to use your child's photograph on the: Aldersgate CDC website Permission to Photograph Check each box to give us permission to use your child's photograph on the: Aldersgate CDC website 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:	Child's Name_			(print child)	's first name as you		
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