



# Aldersgate Child Development Center 2026-2027 Registration Form

Today's Date \_\_\_\_\_ Child's age as of 9/1/26 \_\_\_\_\_  
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 \_\_\_\_\_ Cell \_\_\_\_\_  
Mother's email address \_\_\_\_\_ Phone \_\_\_\_\_  
Father's Occupation/Employer \_\_\_\_\_ Cell \_\_\_\_\_  
Father's email address \_\_\_\_\_ Phone \_\_\_\_\_  
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.

**Child's Name** \_\_\_\_\_ (print child's first name as you 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 2026-2027 school year:**

**WEE School:**

**1 Year Class (circle schedule requested):**

M/W                      Tu/Th                      MWF                      TuThFr                      5 days

**2 Year Class (circle schedule requested):**

M/W                      Tu/Th                      MWF                      TuThFr                      5 days

**Kindergarten (circle class requested):**

K3 Tuesday & Thursday	K4 Monday, Wednesday & Friday
K3 Monday, Wednesday, Friday	K4 5 Days
K3 5 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.  
 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: