

Providence United Methodist Church Weekday School REGISTRATION APPLICATION

REQUIRED for application processing. Please circle ALL that apply for this child.

Currently Enrolled for '10-11 Class _____ <small>(ex. M/W/F 2's)</small>	Sibling of a child enrolled for '10-11	Child of a PUMC member	Former Weekday School family	Grandchild of a PUMC member	New Family
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Child's Name _____ / _____
(Last) (First) (Middle) (Goes by)

Address _____

(City/State/Zip) Home Phone _____

Child's date of birth _____ Gender _____ Allergies _____
(Please continue on back if more space is needed.)

Please list the age group & the days: (for example: 2 year old M/W/F or 3 year old M-Th)

NOTE – Age group is determined based on child's age as of August 31st.

A lottery will be used to place children in classes in the event there are more requests than spaces available. If a listed class does not fill, that class will no longer be offered.

1st Choice _____ 2nd Choice _____ 3rd Choice _____
(Age Group & Days) (Age Group & Days) (Age Group & Days)

You may request **one** child for us to consider placing with your child. _____

In order for this request to be honored, it must be an exclusive request by both families.

Teacher requests will not be honored due to the complexity of forming classes and the flexibility necessary in staff placement.

PLEASE NOTIFY US IF YOU HAVE A CHANGE OF ADDRESS OR PHONE NUMBER

Family E-Mail Address _____

Mother's Name _____ Cell Phone _____

Mother's Employer _____ Office Phone _____

Father's Name _____ Cell Phone _____

Father's Employer _____ Office Phone _____

Are you a member of Providence United Methodist Church? Yes _____ No _____

If "No", please list home church _____

Name & current ages of other children in your family _____

Registration fee due with application: \$100 PUMC Member, \$125 Non-member. Maximum 2 fees/family.
Transitional Kindergarten (TK) - instructional fee \$75 & one month tuition \$365 also due with TK application.

All fees are Non-Refundable.

Please make checks payable to "Providence United Methodist Church Weekday School" or "PUMCWS."

Everything possible will be done to insure the safety of your child. The church has liability coverage; otherwise you as parents will accept responsibility for your child.

Parent's Signature _____ Date _____