

ARDMORE UNITED METHODIST CHURCH
Through-The-Week School

630 South Hawthorne Road
Winston Salem, NC 27103
336.722.8430

School Year _____ Class _____

REGISTRATION FORM

Child's Name _____

Name Goes By _____ Male ☐ Female ☐ Birthdate _____

Home Address _____

_____ Home Phone _____

Mother's Name _____ Cell Phone _____

Occupation _____ Work Phone _____

Father's Name _____ Cell Phone _____

Occupation _____ Work Phone _____

Parent's Martial Status: Married ☐ Divorced ☐ Single ☐

E-Mail Address _____

Please check program desired:

- ☐ **Four-Year Preschool**
5 Days ☐ 4 Days ☐ 3 Days (Mon/Wed/Fri) ☐ 2 Days (Tue/Thu) ☐
- ☐ **Three-Year Preschool**
3 Days (Mon/Wed/Fri) ☐ 2 Days (Tue/Thu) ☐
- ☐ **Two-Year Preschool**
3 Days (Mon/Wed/Fri) ☐ 2 Days (Tue/Thu) ☐
- ☐ **Mother's Morning Out**
Crib Baby (Infant - One) ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐
Toddler (One - Two)) ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐

Brothers and Sisters _____ Age _____

_____ Age _____

_____ Age _____

Church Affiliation Yes ☐ No ☐ Name of Church _____

Child's Doctor _____ Phone _____

EMERGENCIES: If parents cannot be reached call:

Must be local

Name _____ Phone _____

Name _____ Phone _____

Allergies (please list) _____

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Previous Preschool Experience Yes ☐ No ☐ _____

Special Interests _____

—

Fears

—

Additional Comments about your child _____

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What would you like to accomplish with your child this year?

1. _____

2. _____

I give my permission for emergency treatment (if neither parent can be reached).

Hospital Preference: Forsyth Medical Center ☐

Wake Forest Baptist Hospital ☐

Other ☐ Specify _____

Parent's Signature _____ Date _____

Enclosed _____ Registration Fee _____