



EARLY YEARS PRESCHOOL PRIORITY REGISTRATION FORM 2012-2013

CHILD'S FULL NAME _____ BIRTH DATE _____

NICKNAME _____ GENDER _____
(Name to be used at school if different)

ADDRESS _____
STREET CITY STATE ZIP CODE

PARENTS/GUARDIANS:

MOTHER _____ PH# (home) _____ (work) _____ (cell) _____

FATHER _____ PH# (home) _____ (work) _____ (cell) _____

Family E-mail address for school communications (print clearly): _____

May we include you in our school directory? _____ Yes _____ No

Check one: _____ Returning Student; date family started at Early Years: _____
 _____ Sibling of Student; date family started at Early Years: _____
 _____ Cherrydale United Methodist Church Member
 _____ Alumni Family; dates attended Early Years: _____

Please CIRCLE your responses:

1. Child's **current** class: N/A Hummingbirds Blue Jays Penguins Parrots

2. Days **currently** attending (if applicable): M T W Th F

3. Requested Class for 2012-2013. **Please indicate 1st and 2nd choice:**

___ Hummingbirds Choose 1 or 2 days: ___M ___T ___W ___Th ___F

___ Blue Jays Choose: ___M/W or ___T/Th or ___Friday only

___ Penguins Choose: ___M/W/F or ___T/Th

___ Parrots All children attend Monday – Thursday. ___Add Friday option

Note: If your preference is not available, any available space will be offered.

4. Hummingbirds and Blue Jays: Are you flexible with your above choices? ___Yes ___No

Please explain any circumstances: _____

Is there any day of the week you DO NOT wish to be offered to your child? _____

5. Name(s), age(s), and day(s) of siblings also being registered: _____

6. Each family is expected to contribute a minimum of ten volunteer hours throughout the school year. _____(please initial)

I understand that this form is not a binding contract but an application only and does not guarantee enrollment but places my child on record as an applicant for admission. I understand that if my child is offered enrollment, the offer may not accommodate the preferences I have stated in this application. I also understand that the offer of enrollment must be signed and returned with all required deposits by the deadline stated in the offer, in order to reserve the offered space for my child.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Registration Date _____ Class Assigned _____ Days _____ Reg. Fee Paid _____

_____ Application Fee Paid _____ Reg. Fee Paid _____ Deposit Paid _____ Start Date _____

Withdrawal Date _____ Reason _____