

Today's Date _____

The Weekday School Registration Form 2018-19

First United Methodist Church, 204 Sixth Avenue West, Hendersonville, NC 28739

www.fumchvnc.org deborah@hvlfumc.org
828/692-6673 School 828/693-4275 Church

FOR SCHOOL USE ONLY

Date of Acceptance _____

Age as of August 31 _____

Registration Paid _____

Medical Form _____

Shots Record _____

Child's Name _____ Date of Birth _____

Mailing Address _____

Street Address, City, Zip Code

Primary Email _____ Primary Phone _____

Parent/Guardian _____ Parent/Guardian _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Employer _____ Employer _____

Email _____ Email _____

Church affiliation _____ Name _____

People in the Home: Father _____ Mother _____ Others _____

Names and ages of other children in the home _____

Child's Physician _____ Phone _____

Person(s) to be called in case of emergency when parents cannot be reached.

Name _____ Phone _____

Name _____ Phone _____

Please give special consideration to the following as this information can prove very helpful in getting acquainted with your child. What are your child's special interests? (*favorite make-believe characters, pets, toys, things they "know about" and might like to share*) _____

We want your child's school experience to be positive and affirming. Do you have any special concerns about your child that would be helpful to us in understanding your child? _____

Please circle ONLY ONE of the schedules offered below. Attendance on ANY variation from schedules offered may not be possible and will require consultation with the Director.

Toddlers (12 months by August 31)

Five days/week(Mon-Fri): **\$305/month**

Four days/week: **\$285/month** (Circle days M T W Th F)

Three days/week : **\$235/month** (Circle days M T W Th F)

Two days/week: **\$160/month** (Circle days M T W Th F)

One day/week : **\$90/month** (Circle days M T W Th F)

Twos (2-years by August 31)

Five days/week(Mon-Fri): **\$305/month**

Four days/week: **\$285/month** (Circle days M T W Th F)

Three days/week : **\$235/month** (Circle days M T W Th F)

Two days/week: **\$160/month** (Circle days M T W Th F)

One day/week : **\$90/month** (Circle days M T W Th F)

Threes

Five days/week: **\$300/month**

Three days/week (Mon/Wed/Fri): **\$230/month**

Two days/week (Tues/Thurs): **\$155/month**

Fours

Five days/week: **\$300/month**

Three days/week (Mon/Wed/Fri): **\$230/month**

Two days/week (Tues/Thurs): **\$155/month**

Transitional Kindergarten

Five days/week: **\$305/month**

Signature (s) Required of Person(s) Responsible for Payment

*** A \$110 non-refundable registration fee, completed medical form, and immunization record must accompany this form for your child to fully be registered. ***