

Today's Date \_\_\_\_\_

# The Weekday School Registration Form 2019-20

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

<b>FOR SCHOOL USE ONLY</b>	
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** (15 months by August 31)

- Five days/week(Mon-Fri): **\$308**/month
- Four days/week: **\$288**/month (Circle days M T W Th F)
- Three days/week : **\$238**/month (Circle days M T W Th F)
- Two days/week: **\$163**/month (Circle days M T W Th F)
- One day/week : **\$93**/month (Circle days M T W Th F)

**Twos** (2-years by August 31)

- Five days/week(Mon-Fri): **\$308**/month
- Four days/week: **\$288**/month (Circle days M T W Th F)
- Three days/week : **\$238**/month (Circle days M T W Th F)
- Two days/week: **\$163**/month (Circle days M T W Th F)
- One day/week : **\$93**/month (Circle days M T W Th F)

**Threes**

- Five days/week: **\$303**/month
- Three days/week (Mon/Wed/Fri): **\$233**/month
- Two days/week (Tues/Thurs): **\$158**/month

**Fours**

- Five days/week: **\$303**/month
- Three days/week (Mon/Wed/Fri): **\$233**/month
- Two days/week (Tues/Thurs): **\$158**/month

**Transitional Kindergarten**

- Five days/week: **\$308**/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. \*\*\*