

# Providence United Methodist Church Weekday School REGISTRATION APPLICATION

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

Currently Enrolled for '09-10 Class _____ <small>(ex. M/W/F 2's)</small>	Sibling of a child enrolled for '09-10	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 \_\_\_\_\_

*List the age group and the days for which you are registering: (for example: 2 year old M/W/F or 3 year old M-Th)  
**NOTE – Age group for child is determined based on child's age as of August 31<sup>st</sup>.***

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.

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> 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 \_\_\_\_\_

Mother's Company Name \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Company Name \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Name & current ages of other children in your family \_\_\_\_\_

Fees: A registration fee is due now & reserves your place. Instructional fee & one month's tuition are also due for TK applicants.

**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 \_\_\_\_\_