## Providence United Methodist Church Weekday School REGISTRATION APPLICATION 2024-2025

| <b>REQUIRED</b> for application processing. Please <b>CIRCLE</b> ALL that apply for this child. |  |  |   |   |                    |
|---|--|--|---|---|--------------------|
| Currently Enrolled<br>for '23-24<br>Class<br>(ex. 3's M-Th)                                     | Sibling of a<br>child enrolled<br>for '23-24                                       | Child of a<br>PUMC member  | Former Weekday<br>School family   | Grandchild of a<br>PUMC member  | New Family         |
| Child's Name  | (First) (  | Middle)  | (Last)  | /(Goes by)  |                    |
| Parents' Names  | (Mother)   | /  | (Father)  |   |                    |
| Address   | (street)   | (city)   | (state) (z  | Primary Phone()   |                    |
| Child's birth date  |  |  |   | Ψ <sup>γ</sup>  |                    |
|   | <u>NOTE – Age group</u><br>more requests than s                                    | age group & the <u>day</u><br><u>is determined based</u><br>spaces available, a lott | on child's age as of  |   | If a listed class  |
|   |  | and Charles  | 2   | rd Ch.  |                    |
| Age Group & Days)   |  | 2 <sup>nd</sup> Choice(Age Gro   | np & Days) 3 <sup>rd</sup> Choice(Age Group & Days)                             |   | o & Days)          |
| Due to the complexity A medical record for  | In order for this reque<br>of forming classes and<br><b>m signed by your child</b> | d's doctor and a curre   | st be an exclusive reque<br>by in staffing, specific t<br>ent immunization reco | est by <u>both families</u> .<br>eacher requests will not<br>ord will be required fro<br>n schedule with not be | om each student.   |
| Does your child have a<br>Chronic medical condi   |  | s, diabetes, etc.)?  |   |   |                    |
| Speech, motor skill del   | ays/challenges, special  | l educational needs?   |   |   |                    |
| Social/emotional conce  | erns (separation anxiety   | y, fears, etc.)?   |   |   |                    |
| Name & current ages o   | of other children in you   | r family   |   |   |                    |
| Are you a member of F   | Providence UMC Churc   | ch? YesNo  | _ If "No", please list h  | ome church  |                    |
|   | ence UMC Church me<br>All fees for stu   | udents receiving a clas  | \$100) Cash or check o<br>s placement are Non-                                  | nly payable to "PUMCV<br><b>Refundable.</b>   |                    |
| First month tuition, ac   |  | uctional fee are due Ma<br>es or at the time of regi                                 |   | led families, May 1 <sup>st</sup> for<br>ates.  | currently enrolled |

Everything possible will be done to insure the safety or your child. The church has liability coverage; otherwise you as parents will accept responsibility for your child.

## Parent's Signature \_\_\_\_\_