



Christ Methodist Preschool Registration form

Child's name _____

Nickname _____ Child's age _____ Birthdate _____

Father's name _____ Mother's name _____

Home address _____ Cell phone(s) _____

Telephone _____ Work Phone _____

Child lives with Mother ___ Father ___ Both ___ Other ___ Email address _____

I give permission for my child's likeness to appear in materials/media representing CMP:
YES OR NO (circle one)

I wish to enroll my child for:

Preschool hours (8:30 am.to 12:30 pm): Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Extended day (12:30 pm to 3:30 pm): Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Signed _____
Mother

Signed _____
Father

or

Signed _____
Legal Guardian

If we can thank someone for the referral please note here _____

If you are interested in serving on the CMP council or as a participating parent in the classroom, please check below. These positions receive a tuition reduction and are limited in number. The current preschool council makes all placement decisions.

___ I am interested in serving on the CMP council if any positions are vacant. Positions that interest me include _____

___ I am interested in being a participating parent. The days that work best for me are:
Mon___ Tues___ Wed___ Thurs___ Fri___