



Christ United Methodist Preschool

700 S. Main Street, Baltimore, OH 43105
Email: preschool@christum-baltimore.com
Phone: 740-862-4343

REGISTRATION FORM

2019-2020

Preschool Classes – for ages 3 turning 4. Must be 3 by August 1st

AM class: 9:00 - 11:30 held three days a week on T/W/TR.

Pre-Kindergarten Classes – Must be 4 by August 1st.

Full Day: 9:00 - 3:00 held three days a week T/W/TR

Half Day: 9:00 -11:30 held three days a week on T/W/TR

\$100 Registration fee (non-refundable) must accompany registration form. Please PRINT clearly.
Checks should be made payable to *Christ U.M. Preschool*

Child's Name _____ Sex ____ Date of Birth _____

Address _____

City _____ Zip _____



Name you wish your child to use at school if differs from above.
Ex: "Liz" for Elizabeth, "Jake" for Jacob, Abby for Abigail.

Mother's Name _____ Phone _____

Mother's address _____

Father's Name _____ Phone _____

Father's address _____

Primary email address(es) to use
for communication with the Preschool _____

The undersigned agrees and understands that the registration fee is non-refundable, that children need to be potty-trained before attending, and that the Preschool will be contacting them via email regarding child placement and necessary enrollment forms after the current school year is over.

(Signature) Date: _____

For office use only:

Date paid:	Amount:
Method of payment: [] Cash [] CK#	
Initials of Person Accepting Registration:	

<input type="checkbox"/>	Church Member	<input type="checkbox"/>	DB
<input type="checkbox"/>	Previously Enrolled	<input type="checkbox"/>	EM
<input type="checkbox"/>	New Student	<input type="checkbox"/>	