

Providence United Methodist Church Weekday School REGISTRATION APPLICATION

REQUIRED for application processing. Please CIRCLE ALL that apply for this child.

Currently Enrolled for '16-17 Class _____ <small>(ex. TThOT's)</small>	Sibling of a child enrolled for '16-17	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) Primary Phone _____

Child's date of birth _____ Gender _____ Allergies _____
mm/dd/yy (Please continue on back if more space is needed.)

Please list the age group & the days: (for example: Older Toddler M/W/F or 3s M-Th)

NOTE – Age group is determined based on child's age as of August 31, 2017.

**In the event there are more requests than spaces available, a lottery will be used to place children in classes.
If a listed class does not fill, that class will no longer be offered.**

1st Choice _____ 2nd Choice _____ 3rd 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**.
 Due to the complexity of forming classes and the flexibility necessary in staffing, specific teacher requests will not be honored.

PLEASE NOTIFY US IF YOU HAVE A CHANGE OF E-MAIL ADDRESS, MAILING ADDRESS OR PHONE NUMBER

Family E-Mail Address _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Name & current ages of other children in your family _____

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

If "No", please list home church _____

Registration fee due with application = \$125. Maximum 2 fees/family.

(Providence UMC Church member registration fee = \$100)

Additional amount due with application from students applying to our Transitional Kindergarten (TK) class:
 one month tuition \$400 + one time instructional fee \$75 = \$475.

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 _____