



CALVARY METHODIST PRESCHOOL

Calvary United Methodist Church, 15 Ridge Place, Latham, NY 12210

Kari Planz, Director, Rev. Andrew Sperry, Pastor

REGISTRATION FORM

Today's Date: _____

Which class are you registering for?

<input type="checkbox"/>	Two-Year-Old Session 1	Fridays, January 8, 15, 22, 29, February 5	\$75
<input type="checkbox"/>	Two-Year-Old Session 2	Fridays, February 26, March 5, 12, 19, 26	\$75
<input type="checkbox"/>	Two-Year-Old Session 3	Fridays, April 23, 30, May 7, 14, 21	\$75

Child's Full Name: _____

Date of Birth: _____

Name child prefers to be called: _____

MALE / FEMALE (circle one)

Address: _____

Parent/Guardian Name: _____

Address (if different from child's): _____

Occupation: _____

Home Phone: _____

Employed By: _____

Office Phone: _____

Work Address: _____

Work Hours: _____

E-Mail Address _____

Cell Phone: _____

Marital Status (circle one) MARRIED DIVORCED SEPARATED WIDOWED SINGLE OTHER

Parent/Guardian Name: _____

Address (if different from child's): _____

Occupation: _____

Home Phone: _____

Employed By: _____

Office Phone: _____

Work Address: _____

Work Hours: _____

E-Mail Address _____

Cell Phone: _____

Marital Status (circle one) MARRIED DIVORCED SEPARATED WIDOWED SINGLE OTHER

Please indicate any allergies your child has: _____

Please indicate any custody arrangements we need to know about if your child does not live in the same home with both parents: _____

Please indicate siblings' names and ages: _____

Please indicate any information you feel would be helpful to us in caring for your child (i.e.: divorce, recent trauma, special needs, recent move, etc.) Use back if necessary: _____

If new to Calvary, how did you hear about us? _____

--- OFFICE USE ONLY ---

Registration form received on	Payment Received	
Check Number	-or-	Brightwheel Account Set Up and Paid