

## **APPLICATION TO REGISTER**

Name of child	Gen	nder Ag	je D.O.B//
		(Must be	between the ages of two and four years)
Name to be used in the classroom			
Full address			
Housing development			
Name of parent or guardian	Prim	nary phone	#
Relationship to child	Alte	ernate phor	ne#
Name of parent or guardian	. Prim	nary phone	#
Relationship to child	Alte	ernate phor	ne#
Emergency Contacts: 1)	2)		
(other than parents) Phone	Pho	one	
Allergies? (If your child has food allergies we will need an action plan fr Is your child currently enrolled at Newark Methodist Preschool? Ye **If your child is not currently enrolled at the preschool we will need a	es 🗌 I	No R	oom #
Program Details:Staff: Minimum of one per five children.Enrollment: Maximum 1	14	Coor	dinator: Tricia Shaw
Meets: Most Fridays from 9:30-12:00			
Annual Fees and Tuition: Registration fee: \$25 for community families, None for currently enrolle Tuition: \$30 every Friday Payment: Invoices will be issued at the end of each month through Bi	rightwhe	eel.	Option desired: Please check one Every Friday Drop in as needed
Cash and checks are accepted. Online payments are also accepted three should be made payable to Newark Methodist Preschool. Payments for tuition.	-	-	
Signed		C	Date

PLEASE NOTIFY THE PRESCHOOL OFFICE OF ANY CHANGES TO THE INFORMATION PROVIDED