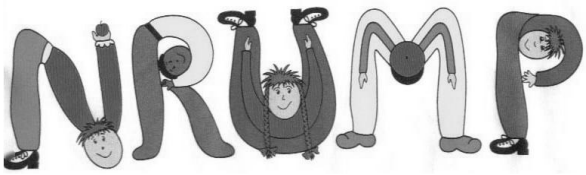

NORTH RALEIGH UNITED METHODIST PRESCHOOL
2010-2011 REGISTRATION FORM

Please complete a separate form for each child that is registering**.**

Class Choice		
☐ **2 year old class**	☐ **3 year old class**	☐ **4 & 5 year old class**
Childs DOB:_____ Indicate your 1st & 2nd preference. ____Monday/Wednesday ____Tuesday/Thursday $161/month	Childs DOB: _____ Tuesday/Wednesday/Thursday $207/month	Childs DOB: _____ Monday/Tuesday/Wednesday/Thursday $265/month

Child's Name: _____/_____
Last First Middle Name called

Birth Date _____/_____/_____ Please Circle: Male Female
Month Day Year

Address: _____/_____
Zip code

E-mail Address:_____

Mother's Name _____/ _____

_____/_____/_____
Home phone Work Phone Cell Phone

Father's Name _____/ _____

_____/_____/_____
Home phone Work Phone Cell Phone

Are you a member of North Raleigh United Methodist Church? _____
If not, would you like to receive information from NRUMC? _____

How many years has THIS child attended NRUM Preschool? _____

How many siblings of THIS child have attended NRUM Preschool? _____

Names and ages of siblings also registering this year: _____
Name / Age

_____ _____
Name / Age Name / Age

Please attach a separate check with the corresponding Registration Form for each child registering.