



PCUMC Children's Weekday Ministry

Port Charlotte United Methodist
Children's Weekday Ministry
21075 Quesada Ave Port Charlotte, FL 33952
941-625-4356 pcumcschool@gmail.com

School Year: 20 / 20

REGISTRATION FORM

(please print neatly)

Student Information: circle one: Boy Girl Date of Birth: _____ *Age _____

Child's Name _____ Ethnicity: _____ Language spoken at home: _____

Please check your preferences and complete as necessary:

Preschool:	<input type="checkbox"/> 2 yr old class Tue/Thurs	<input type="checkbox"/> 3 yr old class Tue/Thurs	<input type="checkbox"/> 4 yr old VPK class Mon - Fri
	<input type="checkbox"/> 2 year old class MWF	<input type="checkbox"/> 3 yr old class MWF	<input type="checkbox"/> 4 yr old VPK class MWF 9-2

Preschool Wrap around needed: Yes No

Afterschool: School _____ Grade _____

Does your child have special needs/allergies? If yes, explain _____

Child's Home Address: _____

City _____ State _____ Zip _____ Home Phone _____

GUARDIAN INFORMATION

Name of child's **Mother** at this address: _____

Place of Employment & Address _____

Work Phone _____ Cell Phone _____ Email _____

Name of child's **Father** at this address: _____

Place of Employment & Address _____

Work Phone _____ Cell Phone _____ Email _____

EMERGENCY INFORMATION

IN CASE OF EMERGENCY, we will attempt to notify you. In the event you are unavailable, please list two other persons whom we may contact:

Name _____ Phone _____ (c/h/w) Relationship _____

Name _____ Phone _____ (c/h/w) Relationship _____

PICK UP INFORMATION

List names of adults, 18 or over, who may pick up your child:

Name _____ Phone _____ (c/h/w) Relationship _____

Name _____ Phone _____ (c/h/w) Relationship _____

Name _____ Phone _____ (c/h/w) Relationship _____

MEDICAL INFORMATION

Preferred: Doctor _____ Dentist _____ Hospital _____

Phone Numbers: _____

Parent/Guardian Signature _____ Date _____

**Minimum age requirements for are: By September 1st of current school year, child must:
Be 3 years old and potty-trained for the 3 year old preschool
Be 4 years old and potty-trained for the 4 year old VPK*

Office Use Only: Date Paid _____ Amt _____ Ck # or Cash _____ Enrollment Date _____ W/D Date _____