



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

REGISTRATION FORM

School Year: 20 / 20

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

Child's Name _____ Prefers to be called: _____

Please check your preferences and complete as necessary:

Preschool: 2 yr old class Tue/Thurs 3 yr old class Tue/Thurs 3 yr old class Mon/Wed/Fri
 4 yr old VPK class Mon - Fri 4 yr old VPK class MWF 9-2

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 are: By September 1st of current school year, child must:*

Be 2 1/2 years old for the 2 year old preschool

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

Begin VPK - 5th grade for the after school program

Rev: 2/2/16

Office Use Only: Date Paid _____

Amt _____

Ck # or Cash _____

Enrollment Date _____

W/D Date _____