



PCUMC Children's Weekday Ministry

# Port Charlotte United Methodist Church Children's Weekday Ministries

21075 Quesada Ave. • Port Charlotte, FL 33952 • (941) 625-9987

## REGISTRATION FORM

**Student Information:** circle one: **Boy** **Girl** **Date of Birth:** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Prefers to be called:** \_\_\_\_\_

**\*Age** \_\_\_\_\_ **Please check your preferences and complete as necessary:**

- Preschool:**  3 yr old class Tue/Thur  Afterschool: **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_
- 3 yr old class Mon/Wed/Fri **Need transportation from school? Yes / No**
- 4 yr old VPK class Mon—Fri **During School Year: 20 / 20**
- 4 yr old VPK class MWF 9-2

**Does your child have special needs/ allergies? If yes, please 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 of 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:** \_\_\_\_\_

### —MISCELLANEOUS INFORMATION—

- Are you a member of Port Charlotte United Methodist Church?** Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you regularly attend Port Charlotte United Methodist Church?** Yes \_\_\_\_\_ No \_\_\_\_\_
- If no, are you a member of another church in this area?** Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, what is the name of your church?** \_\_\_\_\_
- Will you volunteer your time for this or other programs?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If you wish to provide other information concerning your child, please check here  and continue on reverse.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*Minimum age requirements are: By September 1st of current school year, child must:  
a. be 3 years old and potty-trained for the 3 year old preschool;  
b. be 4 years old and potty-trained for the 4 year old preschool program;  
c. begin kindergarten, 1st, 2nd, 3rd, 4th or 5th grade for the after school program.*

Office Use Only: Date Paid \_\_\_\_\_

Amt \_\_\_\_\_

Ck # or cash \_\_\_\_\_

Enrollment Date \_\_\_\_\_

W/D Date \_\_\_\_\_