



Through-the-Week-School

# ARDMORE UNITED METHODIST CHURCH

## Through-The-Week School

630 South Hawthorne Road  
Winston Salem, NC 27103  
336.722.8430

### REGISTRATION FORM 2023-2024

Child's Name \_\_\_\_\_

Name Goes By \_\_\_\_\_ Male ☐ Female ☐ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

Parent 1's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent 1's Address \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent 2's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent 2's Address \_\_\_\_\_

Parent 2's Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please check program desired:

☐ **Five-Year Readiness Class** 5 Days ☐

☐ **Four-Year-Old Preschool** 5 Days ☐ 4 Days ☐ 3 Days (Mon/Wed/Fri) ☐ \*2 Days (Tue/Thu) ☐  
(Available if space allows)

☐ **Three-Year-Old Preschool** 5 Days ☐ 3 Days (Mon/Wed/Fri) ☐ 2 Days (Tue/Thu) ☐

☐ **Two-Year-Old Preschool** 5 Days ☐ 3 Days (Mon/Wed/Fri) ☐ 2 Days (Tue/Thu) ☐

☐ **Infant & Toddler Preschool**

Crib Baby (Infant - One-year-old) ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐

Toddler (One - Two-year-old) ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐

Brothers and Sisters \_\_\_\_\_ Ages \_\_\_\_\_

Church Affiliation Yes ☐ No ☐ Name of Church \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCIES: If parents cannot be reached call:**

**Must be local**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or Special Needs (please list and/or explain) \_\_\_\_\_

\_\_\_\_\_

Previous Preschool Experience Yes ☐ No ☐ \_\_\_\_\_

Special Interests \_\_\_\_\_

\_\_\_\_\_

Challenges/Fears \_\_\_\_\_

\_\_\_\_\_

Additional Comments about your child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like to accomplish with your child this year?

1. \_\_\_\_\_

2. \_\_\_\_\_

I give my permission for emergency treatment (if neither parent can be reached).

Hospital Preference: Novant Forsyth Medical Center ☐

Atrium Wake Forest Baptist Health ☐

Other ☐ Specify \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration Fee (\$145) Paid? \_\_\_\_\_