

**DISCOVERY PRESCHOOL REGISTRATION
FIRST UNITED METHODIST CHURCH
308 North Braddock Street, Winchester, VA 22601
Tel: (540) 665-1696 Fax: (540) 662-1462
2011-2012**

CHILD'S NAME _____

Nickname _____ Birth Date _____ M _____ F _____

MOTHER'S NAME _____

Home Address _____

Work Place _____

Work Address _____

Phone # (home) _____ (work) _____ (cell phone) _____

Home Email Address _____

FATHER'S NAME _____

Home Address _____

Work Place _____

Work Address _____

Phone # (home) _____ (work) _____ (cell phone) _____

Home Email Address _____

FOUR YEAR OLD CLASSES: (Fee: 3 days/wk - \$175/month, \$1,575/yr)
(Fee: 5 days/wk - \$250/month, \$2,250/yr)

T/TH/F _____ M/W/F _____ M/T/W/TH/F _____

For Office Use Only:

Birth Certificate (Must see original, with appropriate official seal): State File # _____

In the State of _____ Verified by _____ Title _____

Immunization Records _____ Emergency Med Form _____ Field Trip _____ Address Info _____

REGISTRATION FEE: \$50 Paid with check # _____ on _____ in the amount of \$ _____
Must be paid at time of registration and is non-refundable.
Make checks payable to **Discovery Preschool.**