

**DISCOVERY PRESCHOOL REGISTRATION  
FIRST UNITED METHODIST CHURCH  
308 North Braddock Street, Winchester, VA 22601  
Tel: (540) 665-1696 Fax: (540) 662-1462  
2010-2011**

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 - \$150/month, \$1,350/yr)  
(Fee: 5 days/wk - \$225/month, \$2,025/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.