

CHILD'S NAME _____

HOME ADDRESS _____

CITY _____

ZIP CODE _____

MOM'S NAME _____

FOR OFFICE	USE ONLY: 2022/2023
CLASS	DATE
FEE PD	CK#/CASH

DATE OF BIRTH _____

PRIMARY LANGUAGE _____

DAD'S NAME _____

MCKENDREE UMC PRESCHOOL AND KINDERGARTEN

1570 Lawrenceville-Suwanee Road, Lawrenceville, GA. 30043 770-339-7040

REGISTRATION FORM – TODDLERS

BOY / GIRL

CELL NUMBER			CELL NUMBER				
WORK NUMBE	R			WOR	K NUMBER		
HOME NUMBE	R			НОМ	E NUMBER		
SIBLING AT THIS	PRESCHOOL _						
HOW DID YOU H	EAR ABOUT N	ИСКENDREE UMC P	RESCHOOL?				
IS YOUR CHILD R	ECEIVING AN	Y SERVICES? SPEEC	CH OT P	т	OTHER (SPECIFY)		
MMO YOUR CHILD MUST TURN 2 BETWEEN SEPT 2 ND AND JUNE 30 TH YOUR CHILD CAN ONLY ATTEND ALL 4 DAYS IF THEY TURN 2 BEFORE DEC 31ST							
	_		-				
CLASS	_		-	Y TURN			
CLASS TODDLER A TODDLER B	YOUR CHIL	D CAN ONLY ATTEN	D ALL 4 DAYS IF THE	Y TURN	2 BEFORE DEC 31ST		
TODDLER A TODDLER B Tuition Because exempt	M/W T/TH is due on the e children are ion status fro	HOURS 9-1 9-1 15 th of each month not in our care for m the State of Geo	MONTHLY TUI \$205.00 \$205.00 August-April. School	TION DI is in se	2 BEFORE DEC 31ST REGISTRATION FEE \$205.00 (Non-Refundable)		