

Small Blessings Christian Early Care & Preschool  
A Ministry of First United Methodist Church

## Registration Form

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

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Known Allergies \_\_\_\_\_

Daily Schedule: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm M T W T H F/variable

**Your tuition due is based upon this registration. All changes must be approved with the director.**

Please **circle** the classroom in which your child will be placed while attending Small Blessings.

Infant (six weeks to 14/15 months), Toddler (14/15 months to 2 ½), Transition (2 ½ & 3),  
Preschool (4 & 5), School Age grade level \_\_\_\_\_

My school age child attends: \_\_\_\_\_

Please include any additional information we should know about your child. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_