

# Application



**\*This application is valid for one year from the date of application.\***

**Today's Date:** \_\_\_\_\_

**Desired Start Date:** \_\_\_\_\_

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

**Sex:** M F

**Birthdate:** \_\_\_\_\_

OR

**Parent or Guardian Information:**

**Due Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Current/ Previous School:** \_\_\_\_\_

**K3 & K4 Only:** Is your child potty trained? Yes No

**Aldersgate UMC Member:** Yes No

**Sibling(s) Currently Enrolled:** Yes No **If yes, Name(s):** \_\_\_\_\_

**For Office Use Only:**

**Date Added:** \_\_\_\_\_ **Eligible Start Date:** \_\_\_\_\_

**Additional info:** \_\_\_\_\_

**1<sup>st</sup> attempt:** \_\_\_\_\_

**2<sup>nd</sup> attempt:** \_\_\_\_\_

**3<sup>rd</sup> attempt:** \_\_\_\_\_

**Additional comments:** \_\_\_\_\_

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