

Date: \_\_\_\_\_ **Methodist Little Learners Preschool**  
**Registration 2019-2020**

Full Name of Child \_\_\_\_\_

Name Child Is Called \_\_\_\_\_

Child's Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Parent(s) or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Church Affiliation \_\_\_\_\_

E Mail Address \_\_\_\_\_

**Please reserve a place for my child in the following session:**

Two day (3 year old) \_\_\_\_\_ (T,TH)

Four day (4 year old) \_\_\_\_\_ (M,T,W,TH)

**All programs meet 8:00 a.m. - 12:00 p.m.**

Parent/Guardian Signature \_\_\_\_\_