

Date: _____ **Methodist Little Learners Preschool
Registration 2020-2021**

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) _____ (Tuesday, Thursday)

Four day (4 year old) _____ (Monday-Thursday)

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

Parent/Guardian Signature _____