

Date: _____

**Methodist Little Learners Preschool
Registration 2023-2024**

Full Name of Child _____

Preferred name _____

Child's Birth date ____ / ____ / ____ Gender (please circle) - M or F

Parent(s) or Guardian _____

Address _____

Telephone Number _____

E Mail Address _____

Church Affiliation _____

Future Elementary School _____

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

Two day (3-year-old)

8:15-12:00 Half Day _____ (Tuesday & Thursday)

8:15-2:00 Full Day _____ (Tuesday & Thursday)

Four day (4-year-old)

8:00-11:45 Half Day _____ (Monday-Thursday)

8:00-2:00 Full Day _____ (Monday-Thursday)

Parent/Guardian Signature _____