

Please complete both sides of this sheet.



Toddler (15 months by August 31st) Registration Form 2024-2025

Desired Class Placement (please put 1st and 2nd choice)

_____ 2 Day Mon/Wed _____ 2 Day Tues/Thurs _____ 4 Day Monday-Thursday

Student Information:

Child's Full Name _____

Name Called By _____ Sex _____

Child's Birthdate _____ Age (when school begins) _____

Address _____
Street

City _____ Postal Zip Code _____

Parent/Guardian:

Mother's Name _____

Mother's Email _____

Occupation _____ Mother's Work # _____

Mother's Cell # _____ Mother's Home # _____

Father's Name _____

Father's Email _____

Occupation _____ Father's Work # _____

Father's Cell # _____ Fathers's Home # _____

Child is under the primary custodial care of: (Please circle)

Both parents Mother Father Other _____

With whom does the child live _____

Other children in the family (names & ages) _____

E-Mail Address for Day School Notices _____

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For Office Use Only:

Date Received- _____ Number _____

Director's Notes-

Registration Fee Paid- _____ ck # _____ cash

Letter Sent- _____ Teacher- _____

Does your child have allergies? No_____ Yes_____

* If yes, please explain _____

Is a treatment plan in place? No_____ Yes_____

* If yes, please explain _____

Does your child have any special needs? No_____ Yes_____

* If yes, please explain _____

Church Affiliation _____

Child's Favorite Activities _____

Child's Least Favorite Activities _____

Additional Information _____

Has the child attended school before? No_____ Yes_____

* If yes, where _____

Is the child potty trained? No_____ Yes_____

I understand that the Central Day School policy on potty training states that for the Toddler Program a child does not need to be potty trained or have mastered toilet skills.

Is the child walking confidently? No_____ Yes_____

I understand that the Central Day School policy states that for the Toddler Program children must be able to walk confidently without assistance from an adult.

Is the child able to drink from a sippy cup? No_____ Yes_____

I understand that the Central Day School policy states that for the Toddler Program children must be able to successfully drink from a sippy cup.

Other Information:

- A registration fee of \$65.00 will accompany the registration form. No child will be enrolled until the registration fee is paid. Sibling discounts for registration are given.
- I understand that Central Methodist Day School follows the NC Public School start date of August 31st.
- I agree to notify the Day School immediately if my plans for enrollment change to avoid undue stress on the Day School budget if my vacancy is not filled.
- I understand that I must pay September's tuition by August 10, 2024, to verify my intention to remain enrolled. (This tuition is non-refundable.)
- **Monthly Tuition Fees for 2024-2025 are as follows:**


2 Day- \$140 per month	3 Day- \$155 per month
4 Day- \$170 per month	5 Day- \$185 per month

Parent's Signature _____ Date _____

Early Bird
Monday-Friday
\$3
8:00am-8:25am



Lunch Bunch
Monday-Friday
\$5
11:30am-12:30pm



Central Methodist Day School

300 S. Main Street
Asheboro, NC 27205
336-629-5887

