Please complete both sides of this sheet.

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



Four-Year Old **Registration Form 2025-2026**

_____ 3 Day Mon/Tues/Wed _____4 Day Monday-Thursday _____5 Day Monday – Friday **Student Information:** Child's Full Name

Name Called By _____ Sex Child's Birthdate _____ Age (when school begins) _____

City _____ Postal Zip Code _____

Parent/Guardian:

Mother's Name

Mother's Email ____

Occupation Mother's Work #

Mother's Cell # Mother's Home #

Street

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

Other

With whom does the child live _____

Other children in the family (names & ages)

E-Mail Address for Day School Notices

For Office Use Only:

Director's Notes-

Date Received-_____ Number _____

......

Registration Fee Paid- <u>ck #</u>

Letter Sent-_____ Teacher-____

Does your child have allergies? N	lo Yes		
* If yes, please explain			
Is a treatment plan in place? No	Yes		
* If yes, please explain			
Does your child have any special ne	eds? No Yes		
* If yes, please explain			
Church AffiliationChild's Favorite ActivitiesChild's Least Favorite ActivitiesAdditional Information			
		Has the child attended school befor	e? No Yes
		* If yes, where	
			Yes ool policy on potty training states that for my child in the 4 year old program, it have mastered toilet skills. No diapers/pull-ups are to be worn in these classes.
Other Information:			
 A registration fee of \$70.00 will acc fee is paid. Sibling discounts for re 	company the registration form. No child will be enrolled until the registration gistration are given.		
	t Day School follows the NC Public School start date of August 31 st .		
	mediately 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 Septe 	mber's tuition by August 10, 2025, to verify my intention to remain enrolled.		
(This tuition is non-refundable.)			
 Monthly Tuition Fees for 2025-20 			
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



