

Please complete both sides of this sheet.



Three-Year Old Registration Form 2026-2027

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

\_\_\_\_\_ 2 Day Tues/Thurs \_\_\_\_\_ 3 Day Mon/Wed/Fri \_\_\_\_\_ 5 Day Monday – Friday

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 \_\_\_\_\_

For Office Use Only: Director's Notes- Date Received- Number 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 my child has either mastered potty training and toilet skills by age 3 or that you are actively working on toilet skills and these will be mastered within the first 2 months of school. I realize that failure to adhere to this policy will result in an additional fee of \$50 per month.

**Other Information:**

- A registration fee of \$70.00 will accompany the registration form. No child will be enrolled until the registration fee is paid.
- I understand that Central Methodist Day School follows the NC Public School start date of August 31<sup>st</sup>.
- 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, 2026, to verify my intention to remain enrolled. (This tuition is non-refundable.)
- **Monthly Tuition Fees for 2026-2027 are as follows:**

<b>2 Day-</b> \$140 per month	<b>3 Day-</b> \$155 per month
<b>4 Day-</b> \$170 per month	<b>5 Day-</b> \$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

