

Please complete both sides of this sheet.



Four-Year Old Registration Form 2026-2027

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

_____ 3 Day Mon/Tues/Wed _____ 4 Day Monday-Thursday _____ 5 Day Monday – Friday
Limited spots

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 my child in the 4 year old program, it is required they are potty trained and have mastered toilet skills. No diapers/pull-ups are to be worn in these classes.

Other Information:

- A registration fee of \$70.00 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, 2026, to verify my intention to remain enrolled. (This tuition is non-refundable.)
- **Monthly Tuition Fees for 2026-2027 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

