

Please complete both sides of this sheet.



# Kindergarten Registration Form 2026-2027

Monday-Friday 8:25am-12:30pm

**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 \_\_\_\_\_

**Other Information:**

- A registration fee of \$85.00 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 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 for our Kindergarten Program for 2026-2027 is \$245.00 a month.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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



**Central Methodist Day School**  
 300 S. Main Street  
 Asheboro, NC 27205  
 336-629-5887

