

Preschool Session: Four-day preschool: ☐ Morning Session 8:30 a.m11:30 a.m.	· · · · · · · · · · · · · · · · · · ·	<u>шат арргу</u>
Full-Day Preschool Session: Monday-Full-Day Session 8:15 am-3:15 pm		fter-care 3:15 pm-5:30 pm
Toddler Enrichment Program: ☐ Monday & Tuesday mornings- 9:00 a	m-11:30 am	
Please complete: My child will be yearsm	nonths on September 1, 2024.	
☐I have enclosed a \$100 non-refundable ☐I am registering multiple childrefamily. *	e registration fee for my child. * ren and have enclosed a \$100 non-re	efundable registration fee for our
*Cash or check to UPC Discovery accep	Date Received (For	Office Use Only)
Date Child's NameLast	-	Middle
Nickname (if any)	Date of Birth	Sex
Child lives with		
Parent's Name	Home Phone	
Street Address		
City/State/Zip	Cell Phone	
Place of Employment	Work Phone	
Email Address		

Parent's Name	Home Phone	
Street Address (if different than above)		
City/State/Zip	Cell Phone	
Place of Employment	Work Phone	
Email Address		
Does your child have any special heath probl		
Is your child on any medications? No	Yes	
Does your child have any food allergies or di	et restrictions? No	Yes
Names of any sisters or brothers		Age
		Age
		Age
		Age
Has your child attended a preschool program	? No Yes	If so where:
Is there anything else you think we should kn	ow about your child? No _	Yes
Would you like to learn more about United P No Yes		wsletter, worship schedule, etc.)?
Signature of parent/guardian	Da	ate
Please note if your fami	ly/child meets any of the	e following criteria:
My child is a current student.	I am a UPC Early Learning Center staff member.	
Our family is an alumni family. Other Considerations:	We are members of U	Inited Presbyterian Church.