



St. James Preschool Registration 2017-2018

Child's Full Name: _____ Preferred Name: _____

Address: _____ Zip: _____ Phone: _____

Birth Date: _____ Please Circle: Male Female

Father's Name: _____ Work Number: _____

Email Address: _____ Mobile Number: _____

Mother's Name: _____ Work Number: _____

Email Address: _____ Mobile Number: _____

Siblings' Names and Ages: _____

_____ Current Student _____ Sibling of Current Sibling _____ Church Member _____ General Public

Classes Available:

2 Day Toddlers: _____ 3 Day Toddlers: _____ 4 Day Fours: _____

2 Day Twos: _____ 3 Day Twos: _____ 5 Day Threes: _____

2 Day Threes: _____ 3 Day Threes: _____ 5 Day Fours: _____

I understand that a nonrefundable registration fee of \$175 per family is needed to complete my child's registration for the upcoming school year. Tuition payments are due on the first of the month starting September 1, 2017.

Signature _____ Date _____

Please fill out one form per child and attach registration fee to the form.

Mail form to St. James UMC- 3808 St. James Church Rd. Raleigh, NC 27604