



St. James Preschool Registration 2019-2020

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 St. James Church Member General Public

Classes Available:

2 Day Toddlers: _____

3 Day Toddlers: _____

2 Day Twos: _____

3 Day Twos: _____

5 Day Twos: _____

3 Day Threes: _____

4 Day Threes: _____

5 Day Threes: _____

4 Day Fours: _____

5 Day Fours: _____

I understand that a nonrefundable registration fee of \$195 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, 2019.

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