



Parent's Morning Out Registration 2021-2022

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: _____

Days Available: (Pick one or two based on your needs)

_____ Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays

I understand that one nonrefundable registration fee per family; equivalent to one month's tuition is needed to complete my child's registration for the upcoming school year. Tuition payments are due on the first of the month beginning when school starts.

Signature _____ Date _____

Please fill out one form per child and attach registration fee to the form or pay in person. Make checks out to St. James Preschool.

Mail form to St. James UMC Attn: Preschool- PO Box 40100 Raleigh NC 27629