



UNIVERSITY CONGREGATIONAL CHILDREN'S CENTER PRESCHOOL

405 University Avenue Missoula, MT. 59801



REGISTRATION FORM 2010/2011

STUDENT INFORMATION

Child's Name _____ Birth Date ___/___/___ Gender _____

PARENT/GUARDIAN INFORMATION

First Parent/Guardian Name _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Occupation: _____ email : _____

Second Parent/Guardian Name _____

Address: _____

Occupation: _____ email : _____

Who will assume financial responsibility for your child's tuition? _____

CLASS PREFERENCE INFORMATION

Age Group: 3/4 * or 4/5 Class Preference (M/W/F or T/TH): 1st _____ 2ND _____

*Please note: If you are registering for a 3/4 class, the class you choose (MWF or T/Th) is the class you will be guaranteed a spot in for your child's 4/5 year. While it may be possible to change which days your child attends school for the 4/5 year old class, it is not guaranteed.

Check if applicable

- Checkboxes for: I am sending in registration forms for more than one child in my family. 1. Place children if same class and/or if attending different age group class, on the same day. 2. It is OK to place my children in different classes/different days.

Are you a member of University Congregational Church? Yes _____ No _____

Have any other siblings attended UCCC Preschool? If yes, their name(s) is/are _____

** PLEASE SEE NEXT PAGE*

STUDENT INFORMATION (please use additional paper if necessary)

1. Does your child have any known allergies to food, animals, airborne substances, drugs, etc.? (Please note that there is a Guinea pig in our 3/4 classroom) _____

2. Please explain any concerns you have about your child in the areas listed below. If he/she has received a diagnosis in any of these areas, please note.

A. Physical Development: _____

B. Social/Emotional Development: _____

C. Speech/Language Development: _____

D. Cognitive Development: _____

E. Health: _____

F. Behavior: _____

3. Would your child need any special accommodations in order to attend UCCC preschool? _____

PREVIOUS DAYCARE OR PRESCHOOL EXPERIENCE

What, if any, is your child's previous daycare or preschool experience?

Name of school/daycare: _____ Contact: _____ phone # _____

May we have permission to contact that school/daycare? _____

Parent/Guardian Signature

Date

For UCCC Registrar Use

Date Received _____ Date Added to Class Roll _____

Date Contacted(message or in person) _____

Date Return Call _____

Deposit Received _____ Deposit Returned _____