

FIRST METHODIST CHURCH WASHINGTON

CHILD CARE

304 W 2nd Street

Washington, NC 27889

252-947-2836

Date_____

Child's Name_____

Child's Age_____

Child's Date of Birth_____

Or DUE DATE_____

Anticipated Start Date_____

Contact email_____

Address_____

Mom's name_____

Telephone number _____ Cell _____ Work _____

Dad's name _____

Telephone number _____ Cell _____ Work _____

Member of First Methodist Church Washington? ____yes ____no

NON- REFUNDABLE WAITLIST FEE OF \$25.00 must accompany this form.

The fee will be deducted from the \$125.00 registration fee on date of enrollment

Mail to address above or drop off in person

Signature_____Date_____

Received by_____Date_____