

First United Methodist Church

Early Learning Center



115 South 5th Street

Gadsden, AL 35901

(256)543-9500

www.fumcgadsden.org/clc

REGISTRATION FORM

(Please Print)

TODAY'S DATE _____

NAME OF CHILD: _____
First _____ Middle _____ Last _____

PARENT(S): _____

NAME STUDENT GOES BY: _____ DATE OF BIRTH: _____

CURRENT AGE OF CHILD: _____

MALE / FEMALE
Circle One

ADDRESS OF STUDENT: _____
Street Address/PO Bpx/Apartment Number

City, State, Zip Code

HOME TELEPHONE: _____

CHURCH MEMBER? _____ HOME CHURCH: _____

HOW DID YOU HEAR ABOUT THE EARLY LEARNING CENTER?

<input type="checkbox"/> Church Member	<input type="checkbox"/> Family	<input type="checkbox"/> ELC Consignment Sale
<input type="checkbox"/> Currently Enrolled	<input type="checkbox"/> Friend	

PARENT INFORMATION

FATHER

Title (Circle One): Mr. Rev. Dr.

Last First

Child lives with above person: full time part time does not reside with this parent/guardian

Address _____ City _____ State _____ Zip Code _____

City _____ **State** _____

Zip Code

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Home Phone

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Work Phone

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Cell Phone Email

Employer Occupation

MOTHER

Title (Circle One): Mrs. Ms. Dr. Rev.

Last First

Child lives with above person: full time part time does not reside with this parent/guardian

Address _____ City _____ State _____ Zip Code _____

City _____ **State** _____

Zip Code

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Home Phone Work Phone

Employer	Occupation
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PREVIOUS SCHOOLING

List all previously attended programs:

Name of School

City/State

Dates

Has this child ever been enrolled in a special program of any kind? _____ If yes, what type of program (i.e. speech, occupational therapy, early intervention, etc)?

MEDICAL

Does your child have allergies or other chronic conditions? _____ If yes, please explain below:

INTERESTS

In the space below give any other information the teacher should know about your child:
