



Little Discoverers, Discoverers,
Pathfinders, Adventurers & Trailblazers
Childcare Program
The Children's Center
First Congregational Church
2019-20 Registration Form

Child's name _____ Nickname _____ Sex _____ DOB _____

Address _____ City _____ ZIP _____

Email Address _____

Parent/Guardian Names:

Name: _____ Cell # _____

Place of Employment _____ Work # _____

Name: _____ Cell # _____

Place of Employment _____ Work # _____

Names & ages of other children: _____

Are you a member of The First Congregational Church of Hudson? _____

Do you have a church/worship affiliation? _____ If yes, where? _____

Is your child in diapers? (please circle) Yes/ No Toilet training? Yes/ No Toilet Trained? Yes/ No/ Almost!

Our School Year Program will begin August 12th. **Your child's start date:** _____

Our School Year Program will end on May 29th. **Your child's end date:** _____

Days child will attend (please circle): **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Hours child will attend (we are open 7:00am- 6:00pm) **Drop off time:** _____ **Pick up time:** _____

Indicate Class (please circle) *Final placement is determined by enrollment numbers and birthdates of children.*

Little Discoverers (must be 2) **Discoverers** **Pathfinders** **Adventurers** (4 by 9/30/19) **Trailblazers** (5 by 12/1/19)

List any allergies or health concerns:

*Please request additional documentation for any medications (over-the-counter or prescription) or dietary adjustments for your child.

Please complete reverse side



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Circle expected year of Kindergarten entrance: 2020 2021 2022 2023 2024

List any developmental concerns:

What are the top three items you are looking for in a preschool for your child?

1.)

2.)

3.)

Briefly describe your child:

Please return this form, along with a **non-refundable** \$75 registration fee per child to First Congregational Church Children's Center, Childcare Program, 47 Aurora St., Hudson, Ohio 44236. If your child is being placed on a waiting list, a registration fee should not be paid at this time. If you have any questions, please contact Dee Buchanan at (330) 342-3977.

Signature _____ Date _____

OFFICE USE ONLY:

Tour Date: _____
 Date of Admission: _____
 Check # _____
 Amount: _____

Dates Confirmed: _____
 Office Center: _____
 Packet/Contract: _____

Please complete reverse side