



**Little Explorers & Explorers
Preschool 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? _____

Indicate the class your child will attend (9:00-12:00): **Little Explorers 3s (T,TH):** _____ **Explorers 4s (M,W,F) :** _____

We offer an optional extended day program (12:00-1:00) M,W,F for the Explorers (EX) and T,TH for the Little Explorers (LE) called Lunch & Learn for \$11/day (children bring a packed lunch) If interested, please circle Lunch & Learn Choices. 5 child minimum.

Monday (EX)

Tuesday (LE)

Wednesday (EX)

Thursday (LE)

Friday (EX)

We offer an optional enrichment program (1:00-2:30) Monday & Wednesday (EX) and Tuesday & Thursday (LE) in The Arts and STEM for \$16/day. If interested, please circle enrichment choices. 5 child minimum.

Monday (EX)

Tuesday (LE)

Wednesday (EX)

Thursday (LE)

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