

## North East Methodist Early Learning Center P. O. Box 522, North East, MD 21901 Church Phone: 410-287-2220

## REGISTRATION

Please fill in the information below. Return it to the Preschool with a non-refundable \$35 registration fee. The form and fee will hold a space for your child for the upcoming school year.

Child's Name			<del></del>
Nickname	Date of Birth _	Male /	Female (Circle One)
Parent(s)/Guardian(s	)		<del></del>
Address			<del></del>
•		_ (Other #s on emerg	ency contact form)
Please indicate in whi	ch program you wish to	enroll your child:	
•	Tuesday & Thursday must be 3 by Decembe		\$170/mo.
	s Mon., Wed. & Friday · must be 4 by Decembe		\$190/mo.
•	Mon., Wed. & Fri. 1 must be 4 by December		\$190/mo.
If my child is accept (September through		oayment, due by the 1st	of the month
 Signature			 te

For any questions, call: Doris Andersen ("Mrs. A") at 443-206-0967

or: Candena Mahala at 610-425-0358