



Woodlake United Methodist Preschool

15640 Hampton Park Drive, Chesterfield, Virginia 23832
(804) 639- 5411 (Office) lsnidow@woodlakeumc.org

Registration Form 2010-2011 Preschool Year

Lottery Number

Reg.Form Revised 1/2010

Please Check Age Group: 3's _____ 4's _____ J.K. _____

Child's Name: (last) _____ (first) _____ Prefers to be called: _____

Birth Date: _____ Age as of September 30, 2010 _____ Male _____ Female _____

Address: _____

(Street)

(City)

(State)

(Zip)

Parent(s) Name: _____ Home Phone# _____

Mobile #s _____ Work#s _____

Email Address: _____

Please indicate your class preference by choice (i.e. #1, #2, #3) – Only indicate choices you are definitely willing to accept.

3's Program

Must be 3 yrs by 9/30/10

- _____ Two Day – Tues/Thurs 9:30-12:30
- _____ Three Day – Mon/Wed/Fri 9:30-12:30
- _____ Three Day – Tues./Thurs/Fri 9:30-12:30

*4's Program/J.K

Must be 4 yrs by 9/30/10

- _____ Three Day – Mon/Wed/Fri 9:30-2:00
- _____ Three Day – Tues/Thurs/Fri 9:30 – 2:00
- _____ Four Day – Mon-Thurs 9:30-12:30
- _____ Five Day – J.K. – Mon-Fri 9:30-12:30**

*All 4 yr. old programs are Kindergarten preparation.

**J.K. is primarily for children who have already completed a 4 yr. old program. (Some children who turn five before December 31, 2010 may be ready for this class.)

Are you a Woodlake United Methodist Church Member? _____

Please answer the following:

Has a member of your immediate family previously been enrolled at WUMP? _____

If yes, child's name _____ Year Enrolled _____

If you are enrolling more than one sibling, do you want to keep them together on the same days and time? _____

Are there any areas where your child needs special support or services?

Non-Refundable Registration Fee: \$85.00 per family must accompany this form.

(Make checks payable to SLCOF with WUMP in memo line.)

The \$85 registration fee per family is to be paid when you register your child(ren) and is non-refundable, unless your child is not placed in a class and is on a waiting list. Tuition is paid one month in advance beginning in August. A \$20 fee will be charged for returned checks. A thirty (30) day notice is required in writing for withdrawal.

Signed: _____ Date: _____

For Preschool Personnel Only: Paid Registration Date: _____ Check# _____ Class Assigned: _____
Withdrawal Date: _____ Child not placed/\$85 Refund Sent: _____