

**Christ United Methodist Church Preschool**  
**“Christ Church Preschool”**  
800 Market Street  
Chapel Hill, NC 27516

**2012-2013 Application**

Due date for currently enrolled children = Jan. 25, 2012

Due date for all others = Jan. 31, 2012

Child's name \_\_\_\_\_ Name child goes by \_\_\_\_\_

Child's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)      Male \_\_\_\_ Female \_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other phone \_\_\_\_\_

Email Address \_\_\_\_\_

Please check all that apply:

- \_\_\_\_\_ currently enrolled in Christ Church Preschool
- \_\_\_\_\_ member of Christ U. M. Church (please list year joined \_\_\_\_\_)
- \_\_\_\_\_ sibling of a currently enrolled child
- \_\_\_\_\_ sibling of a previously enrolled child
- \_\_\_\_\_ on waitlist from 2011-2012
- \_\_\_\_\_ sibling of this applicant is also applying this year (please list class \_\_\_\_\_)

Please select your class & day of preference\* by indicating 1<sup>st</sup> or 2<sup>nd</sup> choice below:

~~~~**Your child must be the age of the class on or before August 31, 2012**~~~~

Circle:      1<sup>st</sup> or 2<sup>nd</sup>  
TWO's      \_\_\_\_\_      Two day program – Monday and Wednesday  
                  \_\_\_\_\_      Two day program – Tuesday and Thursday  
                  \_\_\_\_\_      Either

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THREE's      \_\_\_\_\_      Two day program – Tuesday and Thursday  
                  \_\_\_\_\_      Three day program - Monday, Wednesday, Friday  
                  \_\_\_\_\_      Either

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FOUR's      \_\_\_\_\_      Four day program – Mon, Tues, Wed, & Thursday  
                  \_\_\_\_\_      Five day program – Mon, Tues, Wed, Thurs, & Fri  
                  \_\_\_\_\_      Either

*\*If you're accepted into the preschool program, we will try to accommodate your day of preference, but cannot guarantee your preferred choice.*

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Has your child had any previous preschool or child care experiences? If so, where and when?

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Does your child have any medical issues or other concerns that would affect his or her preschool participation? Please describe. \_\_\_\_\_

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Note: All CCP students must have current immunizations.

I agree to maintain regular tuition payments and comply with school policies. I will actively participate in the ways described on the previous page. I wish to enroll my child in Christ Church Preschool.

Parent signature \_\_\_\_\_

Please mail or return this completed application and a \$30 non-refundable registration fee to:

Christ Church Preschool

ATTN: Debbie Arena

800 Market Street

Chapel Hill, NC 27516

Make checks payable to Christ Church Preschool.

This application must be returned by January 25<sup>th</sup> for currently enrolled students. For all other applicants, it must be returned by January 31, 2012 to be considered in the initial lottery process. We will continue to accept applications after this deadline.

Scholarships are available in all classes. Please ask for a separate scholarship application to complete. This should be returned by April 11, 2012.

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