



UNIVERSITY CONGREGATIONAL CHILDREN'S CENTER PRESCHOOL

405 University Avenue Missoula, MT. 59801

REGISTRATION FORM 2012/2013

STUDENT INFORMATION

Child's Name _____ Birth Date ____/____/____ Gender _____

Are you a currently enrolled student? If so, please check box.

If yes, Are you current on all tuition/fees due to UCCC? _____

PARENT/GUARDIAN INFORMATION

First Parent/Guardian Name _____

Address: _____ City/State _____ Zip _____

Home Phone: _____ Work/Cell Phone: _____

Occupation: _____ email : _____

Can UCCC notify you of school related items and updates using this email? _____

Second Parent/Guardian Name _____

Address: _____ City/State _____ Zip _____

Home Phone: _____ Work/Cell Phone: _____

Occupation: _____ email : _____

Can UCCC notify you of school related items and updates using this email? _____

Who will assume financial responsibility for your child's tuition? _____

CLASS PREFERENCE INFORMATION

Age Group: 3/4* or 4/5 Class Preference (M/W/F or T/TH): 1st _____ 2nd _____

*Please Note: If you are registering for a 3/4 class, the class you choose (MWF or T/Th) is the class you will be guaranteed as space in for your child's 4/5 year. While it may be possible to change which days your child attends school for the 4/5 year old class, it is not guaranteed.

If applicable: I am sending in registration forms for more than one child in my family. _____ If yes, answer 1 or 2.

- 1. Place children if same class and/or if attending different age group class, on the same day.
2. It is OK to place my children in different classes/different days.

Are you a member of University Congregational Church? Yes _____ No _____

Have any other siblings attended UCCC? If yes, their name(s): _____ date attended _____

CHILDS NAME: _____

For Registrar Only: Class: _____

STUDENT INFORMATION (PLEASE USE ADDITIONAL PAPER IF NECESSARY)

1. Does your child have any known allergies to food, animals, airborne substances, drugs, etc? (Please note that there is a Guinea Pig in our 3/4 classroom) _____

2. Please explain any concerns you have about your child in the areas listed below. If he/she has received a diagnosis in any of these areas, please note.

A. Physical Development: _____

B. Social/Emotional Development: _____

C. Speech/Language Development: _____

D. Cognitive Development: _____

E. Health: _____

F. Behavior: _____

3. Would your child need any special accommodations in order to attend UCCC Preschool? _____

PREVIOUS DAYCARE OR PRESCHOOL EXPERIENCE:

What, if any, is your child's previous daycare or preschool experience?

Name of school/daycare: _____ Contact: _____ Phone: _____

May we have permission to contact that school/daycare? If yes, please sign and date below.

_____ Date _____