

First United Methodist Church

Early Learning Center

115 South 5th Street

Gadsden, AL 35901

(256)543-9500

www.fumcgadsden.org/elc



REGISTRATION FORM

(Please Print)

TODAY'S DATE _____

NAME OF CHILD: _____
First Middle Last

PARENT(S): _____

NAME STUDENT GOES BY: _____ DATE OF BIRTH: _____

CURRENT AGE OF CHILD: _____

MALE / FEMALE
Circle One

ADDRESS OF STUDENT: _____
Street Address/PO Bpx/Apartment Number

City, State, Zip Code

HOME TELEPHONE: _____

CHURCH MEMBER? _____ HOME CHURCH: _____

HOW DID YOU HEAR ABOUT THE EARLY LEARNING CENTER?

Church Member Family ELC Consignment Sale

Currently Enrolled Friend

PREVIOUS SCHOOLING

List all previously attended programs:

Name of School

City/State

Dates

Has this child ever been enrolled in a special program of any kind?_____ If yes, what type of program (i.e. speech, occupational therapy, early intervention, etc)?

MEDICAL

Does your child have allergies or other chronic conditions?_____ If yes, please explain below:

INTERESTS

In the space below give any other information the teacher should know about your child:
