



Where learning
and fun become one.

Huguenot United Methodist Church Preschoo
10661 Duryea Drive • Richmond, Virginia 23235
804-272-1704 • *Debbi Heist, Director*

Registration and Emergency Information

Child's Name _____ Address _____

City, Zip _____ Subdivision _____

Home Phone _____ Birth date _____ Gender _____

Mother's Name: _____
(Mrs., Ms., etc.) (First name) (Last name)

Work Phone _____ Cell Phone _____

Mother's Employer _____

Father's Name: _____
(Mr., Dr., etc.) (First name) (Last name)

Work Phone _____ Cell Phone _____

Father's Employer _____

Family E-mail address _____
(Circle the phone number you would like us to list in the school directory as your primary contact number)

In case of emergency and parents cannot be reached, list person(s) who are authorized to pick-up your child:

Name _____ Phone _____ Relationship _____

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Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Describe any special health or medical problems (i.e. allergies, etc) your child may have (please make sure these issues are also documented on your child's health form):

(Please see reverse to indicate registration preferences)

Check Program You Prefer and Circle Day Preferences

(Placement will be made based upon your child's birth date, space availability, and your preferences.)

Infant Program _____ # of Days _____ which day(s)
(Ages 6 weeks through 1)

Child's Morning Out _____ 2-day program: M/W or T/TH
(Ages 1 through 3)

_____ 3-day program: M/W/F or T/TH/F (2-day program plus Fun Fridays)

_____ 4-day program (M-TH)

_____ 4-days Plus (M-TH plus Fun Fridays)

Preschool _____ 3-day program M/T/W or M/T/TH or M/W/TH or T/W/TH
(Ages 3 through 5)

_____ 4-day program (M-TH)

_____ 4-days Plus (M-TH plus Fun Fridays)

Extended Care: (not available without choosing a program above)

_____ Mornings (8:00-9:30) M T W TH F

_____ Afternoons (12:30-5:30) M T W TH F

Please give any other information that you feel would be helpful to your child's teacher, including sibling names and ages:

I give my permission for my child's name and information to be published in the student directory, which is given only to parents of children in our program. I understand that the school requires 30 days notice for withdrawals once a child is registered for school.

Signature: _____ Date: _____

Please return this registration form with the non-refundable registration fee of \$100.00 to enroll your child. If you have any questions, please contact the Director, Debbi Heist at 272-1704.

For Office Use Only

RF _____ RD _____ BC _____ DB _____ PKT _____ CP _____ T _____