



UNIVERSITY CONGREGATIONAL CHILDREN'S CENTER PRESCHOOL

405 University Avenue Missoula, MT 59801

UCCC PRESCHOOL REGISTRATION FORM 2019/2020

STUDENT INFORMATION

Child's Full Name _____

Name we should use to label your child's coat hook, mail pocket, job chart, etc. _____

Birth Date ____/____/____ Gender ____ Is your child currently enrolled @ UCCC? If so, please check box.

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

PARENT/GUARDIAN INFORMATION (check here if you are a returning UCCC Preschool family and this is a new address)

First Parent/Guardian Name _____

Address: _____ City/State _____ Zip _____

Home Phone: _____ Work/Cell Phone: _____ Email: _____

UCCC sends out many notifications via email, should UCCC notify you of school related items/updates using the above email? Yes No

Do both parents/guardians live in the same household? Yes No _____

If separate households, should both households receive copy of June mailing? Yes No please just send to the First Parent's listed address.

If separate households, how many Family Handbooks/Orientation folders would you like at Orientation Night? _____ (write amount)

Second Parent/Guardian Name _____

Address: _____ City/State _____ Zip _____

Home Phone: _____ Work/Cell Phone: _____ Email: _____

Should UCCC Preschool notify you of school related items/updates using the above email? Yes No

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

CLASS PREFERENCE INFORMATION

Please mark your first choice of class with a #1. If we are not able to place your child in your first choice of class, please indicate that you would accept your second choice of class by marking it with a #2. A child must be 3 years old by September 10th to enroll in the 3/4's class or 4 years old by September 10th to enroll in the 4/5's class.

* 3-4 year-old Monday/Wednesday/Friday _____ * 3-4 year-old Tuesday/Thursday _____

4-5 year-old Monday/Wednesday/Friday _____ 4-5 year-old Tuesday/Thursday _____

*Please Note: If you are registering for a 3/4 class, the class your child is placed in (MWF or T/Th) is the class your child will be guaranteed for their 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.



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

1. I would like my children to attend classes on the same days of the week.
2. It is OK to place my children in different classes/different days (E.g. one child on MWF, another on T/TH).

Are you a member of University Congregational Church? Yes No

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

Did either parent attend UCCC Preschool? If yes, their name(s): _____

STUDENT INFORMATION (PLEASE USE ADDITIONAL PAPER IF NECESSARY)

1. Does your child have any known allergies to food, animals, airborne substances, drugs, etc.? _____

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: _____

2. **If applicable**, please list any special need or accommodations your child would require 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 _____