

**PRESCHOOL REGISTRATION  
2012-2013**

Registration is accepted on a first come, first served basis. Classes will be filled in the order that we receive the registration and appropriate payment. Stout Memorial preschool has a limited scholarship program to help with tuitions. For more information on a scholarship, call Pastor Scott Sears at 304-428-1179.

**Two Year Old Program:** The two year old class will be held on Tuesday & Thursday mornings from 9-11 am. Registration for this class will be limited to 10 children. The cost includes a non-refundable registration fee of \$35, payable with the return of this form. Monthly tuition payments of \$45 are due by the 10<sup>th</sup> of each month, September-May.

**Three Year Old Program:** The three year old class will be held on Tuesday & Thursday mornings from 8:30-11 am. Registration for this class will be limited to 16 children. The cost includes a non-refundable registration fee of \$35, payable with the return of this form. Monthly tuition payments of \$50 are due by the 10<sup>th</sup> of each month, September-May.

**Four Year Old Program:** The four year old class will be held on Monday, Wednesday & Friday mornings from 8:30-12:30 pm. Registration for this class will be limited to 20 children. The cost includes a non-refundable registration fee of \$35, payable with the return of this form. Monthly tuition payments of \$75 are due by the 10<sup>th</sup> of each month, September-May.

To register your child, return the form below along with your check for the registration fee, payable to Stout Memorial Preschool, 3329 Broad Street, Parkersburg, WV 26104. An orientation session will be held in late August. You will receive information on this at a later date.

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**Registration for admission to  
Stout Memorial United Methodist Church Preschool**

Please indicate which class you are interested in for your child.

**Two Year Old Class** \_\_\_\_\_

**Three Year Old Class** \_\_\_\_\_

**Four Year Old Class** \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Preferred name for your child: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Health Conditions we need to be aware of: \_\_\_\_\_

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Signature of Parent or Guardian