



Holy Covenant United Methodist Church

EARLY CHILDHOOD DEVELOPMENT PROGRAM

2018-2019 Registration

Student Information: Name _____

Birthdate	Home Telephone Number
Street Address	
City	Zip Code
Allergies?	Does your child have an Epi-pen?

Parent Information: Primary Parent Contact? **Mother** **Father** (please circle one)

Mother's Name	Father's Name
Mother's Cell Phone Number	Father's Cell Phone Number
Mother's Address if different from child's	Father's Address if different from child's
Mother's Email Address:	Father's Email Address

Class Desired: Child's Age as of Sept. 1st _____

FIRST CHOICE	SECOND CHOICE
Age Group:	Age Group:
Days:	Days:

ALL REGISTRATION FEES ARE NON-REFUNDABLE

Office Use Only: Registration Fee Paid: _____

Method of Payment: _____ Registration Fee Remaining: _____

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