

**2019-2020**

Wesley United Methodist Church  
209 S. State Street, Dover, De 19901 - 678-8987

**Wesley Play Care Registration Form**

**Registration Fee \$50.00** – This fee is waived for children registered in Preschool.

**Start Date:** \_\_\_\_\_

*Please list below the days and times needed for Play Care – Please be specific – You are charged for the hours you list:*

**Days Needed:** \_\_\_\_\_ **Times:** \_\_\_\_\_

\_\_\_\_\_ **My child is a napper**

\_\_\_\_\_ **My child is a non-napper**

**Child's Name** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Legal Guardian** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Preschool Class, if registered** \_\_\_\_\_ **Days & Times** \_\_\_\_\_

Note: Preschool registration must take place on a separate form. Please remember to notify the Preschool Office immediately if your original Play Care times change.

For Office Use... Date _____ Check/Cash _____ Amount _____
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