

REGISTRATION FORM  
**Shiloh UCC Early Learning Center**  
 2251 Willow Road  
 York, PA 17408  
 717-764-6491  
 www.shilohuccelc.org

N - R	
COPY	_____
CONFIRM	_____
ENTERED	_____
EMAIL	_____
ENV	_____
CAMP	_____

CHILD'S NAME				
Last	First	Middle	NAME YOUR CHILD IS TO BE CALLED	
Birth date	School District		Child's Gender	
Home Address			Home Telephone	
	MOTHER		FATHER	
Name				
Home Address				
City, State, Zip				
Occupation				
Employer				
Employer's Address				
Home, Work & Cell Telephone Numbers	(Home)	(W)	(Home)	(W)
		(C)		(C)
Email Address:				

PHYSICIAN INFORMATION	
Physician's Name	Address
Telephone	City, State & Zip

EXPLAIN ANY OF THE FOLLOWING YOUR CHILD HAS NOW OR HAS HAD IN THE PAST: <small>**We do not discriminate based on special needs, race, religion, etc.</small>	
Early Childhood Screenings (Speech, Hearing, Sight, PT, OT, etc)	
Allergies	
Childhood Diseases	
Meds Taken On A Regular Basis	

Are your child's immunizations up to date? \_\_\_\_\_ If no, please state reason: \_\_\_\_\_  
 Has your child attended preschool before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

NAMES & AGES OF SIBLINGS LIVING AT HOME
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OTHER PEOPLE IN THE HOME (OTHER THAN PARENTS)		
Name	Relationship	Age if Sibling
Name	Relationship	Age if Sibling
Name	Relationship	Age if Sibling

### IMPORTANT INFORMATION

Please note that your child must be toilet trained to attend our 3, 4 and 5 year old classes.

**A NON-REFUNDABLE registration fee, listed below, must accompany this registration form in order to be processed. Checks should be written to: SHILOH UCC ELC. Please put your child's name in the memo section of your check. The higher amounts in our 4's/PreK classes includes your child's activity fee for field trips.**

*Please mail form & check to:*      **SHILOH UCC EARLY LEARNING CENTER  
2251 WILLOW ROAD  
YORK, PA 17408  
ATTN: REGISTRAR**

Please note below your 1st, 2nd and 3rd choice of class for your child:

**(1)** next to 1st choice      **(2)** next to 2nd choice      **(3)** next to 3rd choice

<b>2 YEAR OLD CLASS</b> <i>(must be 2 by 9/30)</i> <b>\$40 registration fee</b>	
	Tues/Thurs 9 AM -10:30 AM
	Tues/Thurs 11 AM - 12:30 PM
<b>OLDER 2's CLASS</b> <i>(must be 3 by 12/31)</i> <b>\$40 registration fee</b>	
	Wed/Fri 9 AM – 11 AM
	Wed/Fri 11:30 – 1:30 PM
<b>2 DAY --- 3's CLASS</b> <i>(must be 3 by 9/30)</i> <b>\$40 registration fee</b>	
	Tues/Thurs 9 AM - 11:30 AM
	Tues/Thurs 12 PM - 2:00 PM
	Wed/Fri 9 - 11 AM
<b>3 DAY --- 3's CLASS</b> <i>(must be 3 by 9/30)</i> <b>\$40 registration fee</b>	
	Mon/Wed/Fri 12 PM – 2 PM

<b>Younger 4's CLASS</b> <i>(summer birthday or teacher recommendation)</i> <b>\$55 registration fee</b>	
	Tues/Wed/Thurs 9 AM -11:30 AM
<b>3 DAY --- 4's CLASS</b> <i>(must be 4 by 9/30)</i> <b>\$55 registration fee</b>	
	Tues/Wed/Thurs 12 PM - 2:30 PM
<b>4 DAY --- 4's CLASS</b> <i>(must be 4 by 9/30)</i> <b>\$60 registration fee</b>	
	Mon - Thurs 9 AM - 11:30 AM
	Tues - Friday 9 AM - 11:30 AM
	Mon – Thurs 12 PM – 2:30 PM
<b>PRE-K CLASS</b> <i>(must be 5 by 10/31)</i> <b>\$60 registration fee</b>	
	Monday - Friday 12 PM -3 PM
<b>*ALL AGE REQUIREMENTS ARE SUBJECT TO APPROVAL BY DIRECTOR</b>	

I UNDERSTAND THAT FAILURE TO MAKE MY FIRST PAYMENT BY AUGUST 1 COULD RESULT IN THE CANCELLATION OF MY CHILD'S ENROLLMENT. I ALSO AGREE TO GIVE 2 WEEKS NOTICE IF I NEED TO WITHDRAW MY CHILD AT ANYTIME DURING THE SCHOOL YEAR.

PRINT- Parent(s) Name \_\_\_\_\_

Signature - Parent(s) Name \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only:**

Check # \_\_\_\_\_ Date Rec'd \_\_\_\_\_

<b>Class Assigned &amp; Date:</b>	
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