

**2024-2025**

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

**Wesley Play Care Registration Form**

**This Registration form is for Play Care ONLY**

**Registration Fee \$70.00** – This fee is waived for children registered in Preschool.

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

*Please list and be specific with days and times needed:*

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

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

*(Rest time is required for children age 2 and under)*

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

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

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

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

**Mother's Name** \_\_\_\_\_ **Mother's Email** \_\_\_\_\_

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

**Cell phone carrier** \_\_\_\_\_ (text alerts)

**Father's Name** \_\_\_\_\_ **Father's Email** \_\_\_\_\_

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

**Cell Phone Carrier** \_\_\_\_\_ (text alerts)

Note: DO NOT use this form if your child is enrolled in Preschool and Play Care. Use Preschool Registration form only. Please remember to notify the Preschool Office immediately if your original Play Care times change.

Would you be interested in being a member of the Wesley Preschool Board? Yes  No

Would you be interested in being a member of the Parent Committee? Yes  No

Non-refundable registration fee is \$70.00.

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