

3s – 2024-2025 School Year

New Student ____ Returning ____



Child's Name _____ Birth date _____

Parents' Names _____

Address _____

City, State and Zip _____

Phone Number _____ Race _____

Email Address: _____ Gender: M F

Allergies: _____

Church Affiliation:

____ University Carillon member

____ Attend University Carillon

____ Attend another church, _____

____ Do not attend church. Contact Me? Y N

UCELC admits students of any race, color, and national or ethnic origin.

Please indicate your 1st and 2nd preference of class attendance days.

2 days _____ **M/W** _____ **T/Th**

3 days _____ **M/W/F** _____ **T/Th/F**

5 days _____ **M-F**

Class meeting days will be verified when classes are established in July. Class days will be assigned as needed to provide a balanced classroom experience for students.

Sibling in Program? Yes No

(Office Use Only)

Class _____	Reg. Fee	\$50	\$100
Beginning Date _____	Co-Curr. Fee		
Date Registered _____	2-day	\$150	
	3-day	\$225	
	5-day	\$425	
Amount Paid _____	Date Paid	_____	
CC/Online/Cash/Check # _____			