

**New Haven United Methodist Day School**  
 5603 S. New Haven Ave. Tulsa, OK 74135  
 Phone 742-6781 FAX 743-9306  
 newhavendayschool.org

**EARLY CHILDHOOD REGISTRATION**  
 (9 months - 35 months)  
 Wednesday and Friday

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

Birth Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Would you like a call from our Pastor? \_\_\_\_\_

Child's Age by September 1 _____	
<b>Registration Fee</b>	<b>\$30.00</b>
<b>Toddler I</b> 9 months - 15 months	<b>\$160.00 + \$30.00 = \$190.00</b>
<b>Toddler II</b> 16 months - 22 months	<b>\$145.00 + \$30.00 = \$175.00</b>
<b>Two's</b> 23 months - 35 months	<b>\$145.00 + \$30.00 = \$175.00</b>
<b>For Office Use</b>	
School Year _____	Date Received _____ Check # _____ Cash _____
Registration Fee _____	1 <sup>st</sup> Month Tuition _____ Total Received _____
Immunization Records Received _____	
Parent Agreement Signed _____	Withdrawal Date _____

