

# New Haven United Methodist Day School

5603 S. New Haven Ave. Tulsa, OK 74135

Phone 742-6781 FAX 743-9306

newhavendayschool.org

## EXTENDED CHILDCARE REGISTRATION

Monday/Wednesday/Friday

Or

Monday Thru 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 Grade _____			
Registration/Materials Fee	\$ 60.00		
Monday/Wednesday/Friday	\$120.00 + \$60.00 = \$180.00		
Monday Thru Friday	\$197.00 + \$60.00 = \$257.00		
Transfer to Carnegie	Yes No		
<b>For Office Use</b>			
School Year _____	Date Received _____	Check # _____	Cash _____
Registration/Materials Fee _____	1 <sup>st</sup> Month Tuition _____	Total Received _____	
Immunization Records Received _____			
Parent Agreement Signed _____	Withdrawal Date _____	Transfer Confirmed _____	

