



Train Up a Child...  
Proverbs 22:6

# WMEMS CHRISTIAN CHILDRENS' CENTRE

Pre-registration

WMEMS Bedson (St. James) 250 Bedson Street, Winnipeg, Manitoba, R3K 1R7, Ph. 885-1032, Fax: 897-4068

Pre School full time

Preferred Days M/W/F

Pre School part time

Preferred Days T/T

## PART A—STUDENT/PARENT INFORMATION

Child's Name: \_\_\_\_\_  
(Last name) (Given name -- circle name used) (Male/Female)

Birth date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age as of Sept. 1: \_\_\_\_ - \_\_\_\_  
Year Month Day Years Months

Mother/Female Guardian

\_\_Mrs. \_\_Ms. \_\_Dr. \_\_Prof. \_\_Rev.

Father/Male Guardian

\_\_Mr. \_\_Dr. \_\_Prof. \_\_Rev.

Surname: \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov./Country: \_\_\_\_\_ / \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel: (Home) \_\_\_\_\_ / \_\_\_\_\_

Cell/Alternate #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PART B—SIBLING INFORMATION

Sibling Information

NAME	YEAR OF BIRTH	GRADE	CHECK IF ATTENDING WMEMS

Signature of parent/guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

### For office use only:

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_