

Preschool Express
Christ United Methodist Church 1020 S. Valley Forge Rd
Lansdale PA 19446
Preschool Director: darlene.adams@cumclansdale.org

I wish to register my child for (circle):

- Tots 2 Year Old Class MW or TuTh
 Three Year Old Class (3 days) MWF
 Prekindergarten 4s (4 days) MTuWF or MWThF

If you have a special request for a schedule for your child, please contact the Preschool Director. Class assignments subject to enrollment and parents will be updated.

\$65.00 Registration Fee due at time of enrollment. Brightwheel, check, or cash to hold spot.	May 2026 Tuition due 5/1/25	Cost per 9 month school year Sept-May 25/26	Sept-Apr Monthly Payment	Sept-Apr Monthly Payment (10% sibling/military discount)
2 Day Program	\$197	\$1773.00	\$197	\$178
3 Day Program	\$277	\$2493.00	\$277	\$249
4 Day Program	\$347	\$3123.00	\$347	\$313

Student Registration Form

Name:

DOB

My child will be _____ years old on Sept 1st.

Sex: M__ F__

Child's Full Address (street/city/zip):

Mother:

Email:

Mother's Address/(same as child) _____(check)

Home Phone: _____ Work Phone: _____ ext. _____

Cell Phone: _____ Place of work: _____

Hours: _____ Contact 1st?

Father:

Email:

Father's Address/ (same as child) _____(check)

Home Phone: _____ Work Phone: _____ ext. _____

Cell Phone: _____ Place of work: _____

Hours: _____ Contact 1st ?

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name/Phone: _____

Relationship to child: _____

2. Name/Phone: _____

Relationship to child: _____

Child's Health Information and History

Child's Doctor: _____ Phone: _____

Are your Child's Immunizations up to date? Yes () No ()

Note: A copy of the immunization record is due to the Preschool Office by Sept 1st.

If not up to date, please explain/attach an exemption letter.

Does the child have any known health problems? Yes () No ()

(If yes, please offer information)

Does the child have any known allergies? Yes () No ()

(If yes, attach documentation and include any foods that are prohibited.)

Does your child have any special needs?

Please list any serious prior injuries/health concerns:

List any of the serious illnesses the child has had:

Does your child take any medication on a regular basis?

Yes () No () If yes, please list the name of the medication(s) and the medical condition for which it is taken:

Has your child ever been tested for speech, hearing, OT, behavioral or visual concerns? Yes () No ()

Please comment on any other medical information/or special needs the Preschool should be aware of:

Emergency Medical Release CUMC Preschool

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, and/or the event of an emergency I give my permission for Preschool Express to authorize care for

my son/daughter (name): _____

Relationship To Child _____ Parent/Guardian Signature _____

If parents are facing difficulties paying tuition due to economic situations, they are encouraged to speak with the Preschool Director. Financial assistance funds are available for families in need of assistance, as well as a military discount. These matters are kept confidential.

We offer an Extended Day Program called Lunch Bunch during the school year on Monday and Wednesday from 12-2 pm.

Families will register and pay for 3 months at a time. (Sept Oct Nov * Dec Jan Feb * Mar Apr May)
Refunds are not given for LB sessions that your child misses or does not attend after registering.

How did you hear about us? Returning Family, Alumni, Friend/Neighbor Drive-by
Sign at CUMC Website/Facebook Other

- \$65.00 Registration Fee due at time of enrollment/registration. (nonrefundable)
- May, 2026 Tuition due on or before May 15, 2025. (9 payments Sept-May)

- September Tuition due on or before September 1, 2025. (1 of 8)
- 7 payments due on the 1st of each month to follow Oct Nov Dec Jan Feb Mar Apr

I have read and agreed to the above terms of this Preschool Express Registration and Tuition Agreement.

(Signature of parent/guardian/date) _____

(Signature of parent/guardian/date) _____