

Enrollment Date: _____



Preschool Express

1020 S. Valley Forge Rd Lansdale PA 19446

Welcome to the Preschool Express Family! We are excited to begin a partnership with you that will build a foundation of success for your child during his/her formative early childhood years.

Director: Darlene.adams@cumclansdale.org

I wish to register my child for:

- **Tots 2 Year Old Class (2 days) MW or Tu/Th**
- **Three Year Old Class (3 days) MWF**
- **Three Year Old Class (3 days) MWFri**
- **Three Year Old Class (2 days) Tu/Th**
- **Prekindergarten 4s (3 days) MWF**
- **Prekindergarten 4s (4 days) Indicate MTWF or MWThF**

Registration Form

Child: _____ Birthdate: __/__/__ Sex: M__ F__

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Full name of Father: _____ Email _____

Father's Address: Same _____

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: _____ 2. Name: _____
Relationship to child: _____ Relationship to child: _____
Home Phone: _____ Home Phone: _____
Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____
Name: _____ Relationship _____ Phone: _____
Name: _____ Relationship _____ Phone: _____

Child's Health Information and History

Child's Doctor: _____ Phone: _____

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

Note: Attach a copy of the immunization record.

If not up to date, please explain: _____

Does the child have any known health problems? Yes () No () (If yes, attach documentation)

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 _____ Date _____

Photo Authorization CUMC Preschool

Photographs and videos are taken on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(es):

I give permission to **Preschool Express Staff** to take photographs/videos of the above named child(ren). Photos used in the classroom only or given to parents as a remembrance of their child's year (including other families in the program).

In Addition:

I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).

I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR I do NOT want any photos/videos taken of my child.

<p>How Did You Hear About Us? (circle)</p> <p>Returning Family Church Member Parent Referral Friend/Neighbor Drive-by Sign at CUMC Website/Facebook Other</p>	<p>We offer Two Extended Day Programs during the school year.</p> <p>Curious Kids Club held Monday's 12-2 pm Lunch Bunch held Wednesday's 12-2 pm</p> <p>Optional, and open to sign up monthly for 3 year old and PreK4 children.</p>	<p>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.</p>
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Tuition Rates				
	Discount Options			
	May 2025 Deposit due March 1st	Sept-Apr Monthly Payment (no discount)	Paid in Full by 9/1 (3% discount)	Total Tuition for PIF Students
Tots (2 days)	\$188	\$188	\$1,458	\$1,646
3s (2 days)	\$188	\$188	\$1,458	\$1,646
3s (3 days)	\$264	\$264	\$2,045	\$2,309
4s (3 days)	\$264	\$264	\$2,045	\$2,309
4s (4 days)	\$331	\$331	\$2,567	\$2,897

- **\$60.00 Registration Fee due at time of enrollment/registration. (nonrefundable)**
 - **May, 2025 Tuition due before March 1, 2024.**
 - **September tuition due on or before September 1, 2024.**

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) _____

