

# CUMC Preschool Registration Form for Current Families September 2023 - May 2024



*We, Preschool Express Teachers and Staff, are very excited to continue the partnership with you that will build a foundation of success for your child during his/her formative early childhood years.*

**Today's Date:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

I wish to enroll my child in the class below (x). Please rank the order of #1 choice, #2nd choice for classes that meet multiple days of the week\*.

**\$60.00 Registration Fee due at time of registration.** \_\_\_\_\_ **Check #** \_\_\_\_\_

## **2's** (circle)

\_\_\_ Tots ( 2 years old by Sept 1) Monday/ Wednesday  
( **Currently Full- Contact Preschool Director to be placed on Waitlist!**)

\_\_\_ Tots ( 2 years old by Sept 1) Tuesday Thursday

## **3's** (circle)

\_\_\_ 3 Year Old Class Monday Wednesday Friday  
( **Currently Full- Contact Preschool Director to be placed on Waitlist!**)

\_\_\_ 3 Year Old Class Tuesday Thursday

## **PreK4**(circle)

\_\_\_ \* PreKindergarten 4 Years Old Monday Wednesday Friday  
3 day program ( **Currently Full- Contact Preschool Director to be placed on Waitlist!**)

\_\_\_ \* PreKindergarten 4 Years Old Monday Tuesday Wednesday Friday  
4 day program. Enrichment Class on Tuesday. No class on Thursday. ( **Few spots remain! )**

*Print legibly below.*

Child's Name: \_\_\_\_\_

Sex/Age of child on Sept 1 of upcoming school year: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Home Street Address:

City, State, Zip Code:

Email Address:

Marital Status of Parents (circle)    Married    Separated    Divorced    Single

Others living in the household (siblings, family members etc)

Primary Language spoken at home:

Languages your child speaks and/or understands:

Holidays your child celebrates:

Parent/Guardian 1    Full Name:

Cell #

Work #

Email Address:

Employer Name and Address:

Parent/Guardian 2    Full Name:

Cell #

Work #

Email:

Employer Name and Address:

\_\_\_ I am currently enrolled.

\_\_\_ I am an alumni family.

\_\_\_ I am a CUMC Church member.

\_\_\_ I am not a CUMC Church member.

**Emergency Contact** Please notify the Director if the Emergency Release Person will pick up your child on a given day or any changes to your child's dismissal.

**Name of Person #1:**

Relationship to child:

Cell #

Work#

**Name of Person #2:**

Relationship to child:

Cell #

Work#

**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) : \_\_\_\_\_ . This authorization is given with the understanding that attempts will be made to contact parents, and other persons listed for emergency contact.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship To Child \_\_\_\_\_

**Photo Release Form**

I, \_\_\_\_\_, the parent of a child/children at Preschool Express, agree to the following: I understand that my child(ren) whose name(s) are listed below may be photographed at Preschool Express during normal hours, field trips, or activities. I understand that these photographs may be used in promoting preschool services, marketing, either in print, on the Internet, CUMC website, Preschool Express website, Preschool Express Facebook page. The child(ren) is/are known as: \_\_\_\_\_ . I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship To

Child \_\_\_\_\_

