

Enrollment Date: _____

Preschool Express

1020 S. Valley Forge Rd Lansdale PA 19446



Welcome! 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)
- Three Year Old Class (3 days)
- Three Year Old Class (2 days)
- Prekindergarten 4s (3 days)
- Prekindergarten 4s (4 days)

Registration Form

Child's Name:

Birthdate: __/__/__

Sex: M__ F__

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

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/Phone:_____

Relationship to child:_____

2. Name/Phone:_____

Relationship to child:_____

Other Person(s) Authorized to pick up child:

Name/Phone:_____

Relationship to child:_____

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: 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 an Extended Day Program called Lunch Bunch during the school year on Monday's and Wednesday's.</p> <p>Lunch Bunch is held from 12-2 pm and the cost per day is \$17.00.</p> <p>Optional, and open to sign up monthly for 3 year old and PreK4 children. Sessions DO fill to capacity so parents must inquire for a spot. Currently full Sept through December.</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	Sept-Apr Monthly Payment (10% sibling discount)	Total Tuition for Monthly Sibling Discount Students	Paid in Full (10% sibling discount + 3% discount)	Total Tuition for PIF + monthly sibling discounts
Tots (2 days)	\$188	\$188	\$1,458	\$1,646	\$169	\$1,541	\$1,313	\$1,501
3s (2 days)	\$188	\$188	\$1,458	\$1,646	\$169	\$1,541	\$1,313	\$1,501
3s (3 days)	\$264	\$264	\$2,045	\$2,309	\$237	\$2,161	\$1,841	\$2,104
4s (3 days)	\$264	\$264	\$2,045	\$2,309	\$237	\$2,161	\$1,841	\$2,104
4s (4 days)	\$331	\$331	\$2,567	\$2,897	\$298	\$2,712	\$2,310	\$2,641

- **\$60.00 Registration Fee due at time of enrollment/registration. (nonrefundable)**
- **May, 2025 Tuition due at time of registration.**
- **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)
