FAITH UNITED METHODIST PRESCHOOL

Nickname:



Middle

Last

PUPIL'S NAME:

First

126 E. Market St. Hellam, Pa 17406

FaithUnitedPreschool@gmail.com

(717) 405-6363

2023-2024 REGISTRATION FORM

| Birth Date: | | Current Age: | | Gender: | | | |
|---|------------|--------------|----|-----------------|--|--|--|
| Phone: | | | So | chool District: | | | |
| Home Address: | | | | | | | |
| Siblings: | | | | | | | |
| Immunizations Current: Yes or No Early Invention/LIU/Speech Services? Yes or No Allergies? Yes or No List: | | | | | | | |
| How did you hear about our program: | | | | | | | |
| | | | | | | | |
| | PARENT/GUA | RDIAN | PA | ARENT/GUARDIAN | | | |
| Name (First/Last) | | | | | | | |
| Cell Phone Number | | | | | | | |
| Occupation | | | | | | | |
| Employer | | | | | | | |
| Email Address | | | | <u> </u> | | | |
| | | | | | | | |

| <u>Special Concerns</u> – Emotional/Beh | avioral: | |
|---|--|---|
| List Medical Conditions/Physical D | Disabilities: | |
| How would you describe your child | d? (Please be specific.) Does your ch | nild have any fears? |
| How do you feel Pre-Kindergarten | or 2/3-year Preschool Program can | help? |
| CLASSES/TUITION (per month) C | Check class preference: | |
| \$155.00 for the 3 year old 3 \$155.00 for the 3 year old 3 \$135.00 for the 2 day 2 year | 4-day enrollment (MTWTH 9-11:30a 3-day enrollment (MWTH 9-11:30a 3-day enrollment (MWTH 12:15-2:4 ar old program (TTHam 9-11:30am) ar old class (MWam 9-11:30am) Mus | (m) Must be 3 by Sept. 1st 45pm) Must be 3 by Sept. 1st Must be 2 by June 1st |
| A non-refundable registration fee of application and registration fee to: | f \$40.00 must accompany your appl | ication. Please send the completed |
| | Church Preschool Attn: Director Ma | • |
| | 26 E. Market Street Hellam, Pa 1740 | |
| PLEASE NOTE: To enter the classed number of years, i.e., 3-year old cla have a question about your school of participate in the 2 day program. | - | or Kindergarten in two years. If you |
| refundable and must accompany thi | and payable by the 1st of each month is application form to ensure my child an activity fee of \$50 for each child st. | ld's position in the class desired. |
| Signature | Date | |
| For Office Use Only: Date Received: | Registration Paid: Cash/Check # | Staff Initial |