



Beaver United Methodist Church Preschool
@ College Ave UM Church
345 College Avenue
Beaver, PA 15009
724-775-2893
www.caumchurch.com

2023-2024 Registration Form

(PLEASE PRINT CLEARLY and Complete Both Sides of Form)

CHILD'S NAME _____

NICKNAME _____ AGE _____ GENDER _____

BIRTHDAY (month/day/year) _____

Mother's Name _____

Father's Name _____

CHILD'S HOME ADDRESS (street) _____

(City, State, and Zip) _____

Primary Phone Number _____

Primary Email Address _____

Please Select Class:

Preschool Class: (3- and 4-year-old children - must be 3 years old by *September 1, 2023*) Class size is limited to 12 students with two adults in each room. This class is for children who may be experiencing structured learning for the first time.

_____ Tuesday & Thursday (9:00 a.m. – 11:00 a.m.)

\$ 80.00 / Month

Pre-K Class: (4- and 5-year-old children - must be four years old by *September 1, 2023*) Class size is limited to 16 students with two adults in each room. This class is for children who have had experience with structured schooling and will most likely be attending Kindergarten the following school year. This class does include time for lunch. Children will be responsible for bringing their own lunch to the classroom.

_____ Monday, Wednesday & Friday (9:00 a.m. – 1:00 p.m.)

\$140.00 /Month

\$25.00 REGISTRATION FEE (Non-Refundable) is required with your application.

All tuition is due and payable by the **15th of the month**, with first payment **due by July 15, 2023**. A **Late Fee of \$30.00** will be charged for any month in which your payment is received after the 15th of the month. The first month's tuition payment is refundable if we receive written notification of withdrawal **by August 1, 2023**.

**** Limited "Need Based" Scholarship is available to qualified Pre-K Class students. Please check here if you are interested in receiving information regarding qualifications and application. Decisions on recipients will be made by July 15th, 2023.**

_____ Please send me information regarding the scholarship and application.

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Additional Registration Information:

FOOD ALLERGIES _____

CUSTODY ARRANGEMENTS _____

CHURCH AFFILIATION _____

NAME & AGE OF SIBLINGS _____

FATHER'S NAME _____ **PHONE #** _____

FATHER'S ADDRESS (if different from child's) _____

FATHER'S EMPLOYER _____

MOTHER'S NAME _____ **PHONE #** _____

MOTHER'S ADDRESS (if different from child's) _____

MOTHER'S EMPLOYER _____

EMERGENCY INFORMATION: Who should be contacted if parents are not available?

NAME _____ **Relationship to Child** _____

PHONE # _____

****Please note that your child needs to be potty trained and meet toilet needs independently. Be able to function independently without the need for a personal care aide within the physical limitations and boundaries of the preschool. If your child will need additional support to be successful in the classroom, please contact us so that we can direct you towards some resources and ensure your child's success in the classroom. ****

If I decide to withdraw my child I will do so in writing by August 1, 2023.

RELEASE FORM: This hereby releases the Beaver United Methodist Preschool (B.U.M.P.) from any responsibility in case my child is hurt or injured in any way. My child also has permission to participate in walking field trips as part of his/her class.

Signature of Parent: _____ **Date:** _____

OFFICE USE ONLY:

\$25.00 REGISTRATION FEE: Date Received ____/____/____

Paid by Cash _____ **Paid by Check #** _____

Notified of acceptance into program _____

How was it communicated: _____