

## **Penfield United Methodist Preschool**

1795 Baird Road Penfield, New York 14526 (585) 381-3190

Registration Application 2023-2024

## **Student Information**

director.pump@gmail.com

| Student's Name:                                       | Nickname:                    |  |  |  |
|---|------------------------------|--|--|--|
| Address:  |                              | Please check: F M                                  |  |  |
| City/State:   |                              | Zip:   |  |  |
| Birthday: Phone                                       | e: Em                        | nail:  |  |  |
| Can we include your directory information in ou       | ır class list? Yes           | _ No   |  |  |
| Would you prefer to receive Monthly Newslette         | rs: Paper Email <sub>_</sub> | Both   |  |  |
| Would you like to be included in our private Cla      | ss Tag Account? Yes          | No   |  |  |
| Family Information                                    |                              |  |  |  |
| Father's Name:  | Business Phone:              | Cell Phone:  |  |  |
| Mother's Name:  | Business Phone:              | Cell Phone:  |  |  |
| Family Church:  |                              |  |  |  |
| List all children including this child in birth order | r:                           | <u>Sex</u> <u>Age</u>                              |  |  |
|   |                              |  |  |  |
|   |                              |  |  |  |
|   |                              |  |  |  |
| Name of Persons Authorized to Pick Up:                |                              |  |  |  |
| Name of Persons NOT Authorized to Pick Up:            |                              |  |  |  |
| In Case of Emergency and Parents Cannot Be            | Reached:                     |  |  |  |
| 1.) Name:   | Phone:                       | Relationship:                                      |  |  |
| 2) Name:  | Phone:                       | Relationship:                                      |  |  |
| Medical Condition or Allergies:                       |                              |  |  |  |
| Doctor's Name:  | Phone:                       |  |  |  |
| Medical Insurance:                                    |                              |  |  |  |
| Dentist's Name:                                       | Phone:                       |  |  |  |
|   | ury, emergency medic         | cal care may be given in the event I or the person |  |  |
| Signature of Parent/Legal Guardian                    |                              | Date   |  |  |

## **Programs** (Please indicate your top 3 choices; 1st, 2nd & 3rd)

| Class   | Indicate<br>top three<br>choices | Days/ Times  | Age<br>Requirements  | Pricing                         | Additional<br>Information   |
|---|----------------------------------|--|--|---------------------------------|---|
| 2/3 Year Old<br>Program                       |                                  | Two Days Tuesday/Thursday AM 9:00-11:30                                  | Must be Three Years<br>Old by Mar 31, 2024                   | \$1530year or<br>\$170/month    | Older 2s/ young 3s  |
| 3 Year Old<br>Program                         |                                  | Two Days Tuesday/Thursday AM 9-11:30                                     | Must be Three Years<br>Old by Dec 1, 2023                    | \$1530/ year or<br>\$170/ month |   |
|   |                                  | Two Days<br>Monday/Wednesday<br>PM 12:30-3                               | Must be Three Years<br>Old by Dec 1, 2023                    | \$1530/ year or<br>\$170/ month |   |
| 3day/3 Year<br>Old Program                    |                                  | Three Days<br>Monday/Wednesday/Friday<br>AM 9-11:30                      | Must be three years old by June 30, 2023                     | \$1800/ year or<br>\$200/month  |   |
|   |                                  | Three Days Tuesday/Wednesday/Thursday PM 12:30-3                         | Must be three years<br>Old by June 30,<br>2023               | \$1800/year or<br>\$200/month   |   |
| 3day/4 Year<br>Old Program                    |                                  | 3/4 Year Old Combo<br>Tuesday/Wednesday/Thursday<br>PM 12:30-3           | Must be 3 by Jan 31,<br>2023; Can turn 4 in<br>the fall 2023 | \$1800/year or<br>\$200/month   | Good for children<br>who turn 4 in fall &<br>older 3s                     |
| Pre-<br>Kindergarten<br>4 Year Old<br>Program |                                  | Three Days<br>Monday/Wednesday/Friday<br>AM 9-11:30                      | Must be Four Years<br>Old by Dec 1, 2023                     | \$1800/ year or<br>\$200/month  |   |
|   |                                  | Four Days<br>Monday/Tuesday/Wednesday/<br>Thursday<br>PM 12:30-3         | Must be Four Years<br>Old by Dec 1, 2023                     | \$2160/ year or<br>\$240/ month |   |
| Pre-<br>Kindergarten<br>5 Year Old<br>Program |                                  | Five Days<br>Monday/Tuesday/Wednesday/<br>Thursday/ Friday<br>AM 9-11:30 | Must be Five Years<br>Old by Mar 31, 2024                    | \$2610/ year or<br>\$290/ month | Ideal for children<br>turning five in the<br>fall of the calendar<br>year |

<sup>\*\*\*(15%</sup> discount off tuition for siblings)

## A NON-REFUNDABLE registration fee of \$125 is required with EACH application.

|                       | Office Use Only   |  |
|-----------------------|-------------------|--|
| Registration Check #: | Class Assignment: |  |
| Notes/Comments:       |                   |  |