PENFIELD UNITED METHODIST PRESCHOOL

REGISTRATION APPLICATION | 2027–2028

1795 Baird Road, Penfield, New York, 14526 • (585) 381-3190
director.pump@gmail.com • pumppreschool.com

STUDENT INFORMATION

Student's full name

Name to use at school

Street address

Gender (optional): F M

City / State

ZIP code

Birthdate

Other important information (e.g., IEP—please provide a copy; special circumstances; OT, ST, PT or other services)

MEDICAL INFORMATION

Medical conditions or allergies *For allergies, an allergy protocol form from the student's doctor must be on file by August 1, 2027.*

Doctor's name

Phone

Medical insurance

Hospital of choice

Dentist's name

Phone

FAMILY & HOUSEHOLD

The first cell phone listed will be used on the class contact list.

Parent / Guardian 1

Cell phone

Parent / Guardian 2

Cell phone

Preferred email address(es) for PUMP communications

List all children in your household, including PUMP student(s).

Child's name

Age

Child's name

Age

Child's name

Age

Child's name

Age

Persons authorized to pick up

Persons **NOT** authorized to pick up

EMERGENCY CONTACTS

If parents / guardians cannot be reached

1. Name

Phone

Relationship

2. Name

Phone

Relationship

MEDIA NOTICE

During the school year, PUMP staff or the school photographer may photograph or videotape your child for classroom sharing, PUMP's ClassDojo/social media, and/or PUMP's website. Images may include individual children or groups. No names will be used.

Programs & Tuition | 2027–2028

Please indicate your top three class choices by writing 1, 2, and 3 in the large boxes next to your selections.
Class descriptions are provided separately. Sibling discount: 15% off tuition for younger sibling(s).

2-year-old program

2 hours through December; 2½ hours January–May

- ☐ 2-day program • Tuesday / Thursday mornings • $2,025 • Must be 2 by July 31, 2027

3-year-old program

2½ hours

- ☐ 2-day program • Tuesday / Thursday mornings • $2,025 • Must be 3 by December 1, 2027
- ☐ 2-day program • Tuesday / Thursday afternoons • $2,025 • Must be 3 by December 1, 2027
- ☐ 3-day program • Monday / Wednesday / Friday mornings • $2,385 • Must be 3 by August 31, 2027
- ☐ 3-day program • Tuesday / Wednesday / Thursday mornings • $2,385 • Must be 3 by March 31, 2027
- ☐ 3-day program • Tuesday / Wednesday / Thursday afternoons • $2,385 • Must be 3 by June 30, 2027

4-year-old Pre-K program

2½ hours

- ☐ 3-day program • Tuesday / Wednesday / Thursday mornings • $2,385 • Must be 4 by December 1, 2027
- ☐ 4-day program • Tuesday / Wednesday / Thursday / Friday mornings • $2,835 • Must be 4 by December 1, 2027
- ☐ 4-day program • Monday / Tuesday / Wednesday / Thursday afternoons • $2,835 • Must be 4 by December 1, 2027
- ☐ 5-day program • Monday–Friday mornings • $3,420 • Must be 4 by December 1, 2027

4/5-year-old Pre-K program

3 hours • 8:45–11:45 a.m.

- ☐ 5-day program • Monday–Friday mornings • $3,600 • Must be 5 by January 31, 2028, or have teacher recommendation and be attending kindergarten in the fall of 2028.

Morning class times are staggered; classes may run 8:50–11:20 a.m. or 9:00–11:30 a.m. Afternoon classes run 12:20–2:50 p.m.

REGISTRATION & PARENT AGREEMENT

I understand that my **non-refundable registration fee** is due with this form: $150 for the first child and $100 for each sibling. Payment is accepted by cash or check payable to PUMP. I understand that PUMP may combine or cancel classes due to low enrollment. In an emergency, I authorize PUMP to secure medical care for my child.

Parent/guardian initials: _____

Media agreement: I will not share photos of other children on social media (Facebook, Instagram, etc.). Please select one:

- ☐ YES, I give permission for photographs/videos of my child as described on page 1 media notice.
- ☐ NO, I do not give permission.

I understand that the first tuition payment and medical form/vaccination record are due August 1, 2027. The first tuition payment is non-refundable. A $25 fee applies to late tuition payments. I have read this registration form and understand that I am responsible for the registration fee, annual tuition, submitting medical/allergy forms by August 1, 2027, and any late fees incurred.

Signature of parent / legal guardian _____ **Date** _____

OFFICE USE ONLY

Registration check # _____ Date received _____ Class assignment _____