

**CHIPPEWA UM PRESCHOOL**  
**2020-2021 REGISTRATION FORM**



**Select Class of Choice:**

- \_\_\_\_\_ **2 Day AM Program - Tues & Thurs 9:30am to 11:30am (Must be 3 yrs. old by Sept, 1, 2020)**
- \_\_\_\_\_ **3 Day AM Program - Mon, Wed & Fri 9am to 11:30am (Must be 4 yrs. old by Sept. 1, 2020)**
- \_\_\_\_\_ **3 Day PM Program - Mon, Wed, & Fri 12:30pm to 3:00pm (Must be 4 yrs. old by Sept. 1, 2020)**
- \_\_\_\_\_ **5 Day AM Program - Monday thru Friday 8:45am to 11:45am (Must be 4 yrs. old by Sept. 1, 2020)**
- \_\_\_\_\_ **5 Day AM Program – Monday thru Friday 8:45am to 11:45am (Must be 5 yrs. old by Sept.1, 2020)**
- \_\_\_\_\_ **5 Day PM Program - Monday thru Friday 12:15pm to 3:15pm (Must be 4/5 yrs. old by Sept. 1, 2020)**

\*Class availability will be based on enrollment

**CHILD's NAME** \_\_\_\_\_ **Sex** \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ Age of Sept. 1, 2020 \_\_\_\_\_

Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Phone# \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Email Address \_\_\_\_\_

**Legal Guardian** \_\_\_\_\_

**FATHER's NAME** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Father's Address \_\_\_\_\_

Occupation \_\_\_\_\_ **Business #** \_\_\_\_\_

Place of Employment \_\_\_\_\_

**MOTHER's NAME** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Mother's Address \_\_\_\_\_

Occupation \_\_\_\_\_ **Business #** \_\_\_\_\_

Place of Employment \_\_\_\_\_

Child's Siblings: Name & age as of Sept. 1, 2020

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Names of anyone else living within your household & relationship

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

# CHIPPEWA UM PRESCHOOL

2020-2021 REGISTRATION FORM CONT.



CHILD'S NAME \_\_\_\_\_

Does your child have playmates his/her age? \_\_\_\_\_

How did you hear about the preschool? \_\_\_\_\_

Please give any additional information that may help us in understanding your child.  
(Habits, temperaments, special fears, recent deaths, testing, special needs, etc.)

Medical concerns and/or diagnosis

\_\_\_\_\_

Custody arrangements?

\_\_\_\_\_

Has your child previously attended preschool? And where? \_\_\_\_\_

**Please enclose \$50 non-refundable registration fee made payable to CUMC and mail to:**

**Chippewa UM Preschool  
2545 Darlington Road  
Beaver Falls, PA 15010**

Questions can be directed to Christine Wilson at [cwilson@chippewaumc.org](mailto:cwilson@chippewaumc.org) or at 724-843-4828.  
All correspondence will be sent to both parents unless otherwise noted below

\_\_\_\_\_

How would you like to receive correspondences?  email  mail  both

List emails of parents \_\_\_\_\_

\_\_\_\_\_

I agree to enroll my child in the Chippewa UM Preschool for the 2020-2021 school year.  
If I decide to withdraw my child I will do so in writing by August 1, 2020.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_