

CHIPPEWA UM PRESCHOOL
2021-2022 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, 2021)
- _____ 3 Day AM Program - Mon, Wed & Fri 9am to 11:30am (Must be **4 yrs. old** by Sept. 1, 2021)
- _____ 3 Day PM Program - Mon, Wed, & Fri 12:30pm to 3:00pm (Must be **4 yrs. old** by Sept. 1, 2021)
- _____ 5 Day AM Program - Monday thru Friday 8:45am to 11:45am (Must be **4 yrs. old** by Sept. 1, 2021)
- _____ 5 Day AM Program – Monday thru Friday 8:45am to 11:45am (Must be **5 yrs. old** by Sept.1, 2021)
- _____ 5 Day PM Program - Monday thru Friday 12:15pm to 3:15pm (Must be **4/5 yrs. old** by Sept. 1, 2021)

*Class availability will be based on enrollment

CHILD's NAME _____ Sex _____

Nickname _____ Birthdate _____ Age of Sept. 1, 2021 _____

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, 2021

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

2021-2022 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 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 2021-2022 school year.
If I decide to withdraw my child I will do so in writing by August 1, 2021.

Signature of Parent _____ Date _____