



APPLICATION TO REGISTER

Name of child _____ Gender ___ Age ___ D.O.B ___/___/_____
(Must be between the ages of two and four years)

Name to be used in the classroom _____

Full address _____

Housing development _____

Name of parent or guardian _____ Primary phone# _____

Relationship to child _____ Alternate phone# _____

Name of parent or guardian _____ Primary phone# _____

Relationship to child _____ Alternate phone# _____

Allergies? (If your child has food allergies we will need an action plan from the doctor)

If your child is not currently enrolled at the preschool we will need a health form signed by a doctor.

Is your child currently enrolled at Newark Methodist Preschool? ___ Yes ___ No Room # _____

Emergency Contacts: 1) _____ 2) _____

(other than parents) Phone _____ Phone _____

FRIDAY PDO meets from 9:30 to 12:00

Staff: Minimum of one per five children.

Enrollment: Maximum 14

Coordinator: Tricia Shaw

Annual Fees and Tuition

Registration fee: \$25 for community families,
None for currently enrolled families

Tuition for Friday program \$85 monthly

Fee for drop-in session \$30 per Friday

Friday Option Desired

Please check one

Every Friday _____

Drop-in as needed _____

Payment: Checks should be made payable to Newark Methodist Preschool.

Cash and checks will be accepted. Online payments will be accepted through Brighthwheel management system. Payments for Parents Day Out should be paid separately from tuition.

Signed _____ Date _____

PLEASE NOTIFY THE PRESCHOOL OFFICE OF ANY CHANGES TO THE INFORMATION PROVIDED ABOVE.