



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 9:00 to 12:00

Staff: Minimum of one per five children. Enrollment: Maximum 14 Coordinator: Tricia Shaw

Annual Fees and Tution

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 _____

If you have opted for drop-in sessions, please write your child's name in the Friday enrollment book on the dates you desire. If all of the spaces are filled, add the name to the waiting list. You will be called if there is a cancellation.

Payment: Checks should be made payable to Newark Methodist Preschool. Payment is due on the first of the month.

Cash and checks will be accepted. Payments for drop-in sessions should be paid separately from tuition.

Signed _____ Date _____

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

Registration forms will be accepted beginning September 21.



APPLICATION TO PRE-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 9:00 to 12:00

Staff: Minimum of one per five children. **Enrollment:** Maximum 14 **Coordinator:** Tricia Shaw

To Register: Fill out this registration form and return it to the Preschool Office

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

Fees: \$85 per month for every Friday

Payment: Checks should be made payable to Newark Methodist Preschool

Payment is due on the first of the month. Cash and checks will be accepted.

Signed _____ Date _____

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

Pre-registration forms will be accepted beginning September 18.