Weekday Christian Preschool of First United Methodist Church Registration Form 2021-2022

The First United Methodist Church of Cuyahoga Falls offers a Christian preschool program for children who will be 3, 4 or 5 years old by September 30th, 2021. The program is state licensed and fully staffed with degreed teachers and trained teacher's assistants. We believe that learning takes place through discovery and play within a carefully planned and simulating environment. Our main objective is to foster a positive self-image in each child while nourishing the social, emotional, physical and intellectual growth of each child. A daily snack will be provided along with; cooking opportunities, special family centered activities, weekly Chapel time, large motor activities.

The preschool will meet on Mondays, Wednesday and Fridays from 9:00-11:30 a.m. or from 12:15-2:45 p.m. beginning September 8th, 2021. Our tuition fee is $130.00 a month and is required on the first school day of each month. The cost for two children in the same household is $234.00, while the cost for three children is $332.00 per month. An additional Enrichment program is offered on Tuesdays and Thursdays for children ages 4 and 5 years for an add-on cost of $80.00 per month. A non-refundable registration fee of $40.00 for each child will be required upon registering. Please make checks payable to First United Methodist Church (FUMC). Registration begins at 9:00 January 8th, 2021. Classes will be filled on a first come first served basis. If you have any questions, please contact Jennifer Brooks by email at Jbrooksfallsumc@gmail.com or by phone at 330-923-5243.

The bottom portion of this paper must accompany the registration fee

WEEKDAY CHRISTIAN PRESCHOOL OF THE FIRST UNITED METHODIST CHURCH Registration Form 2021-2022

Please Circle Desired Preschool Class: 3's 4's 4/5's

____I prefer the A.M. Session (If available) I prefer the P.M Session

____I would like to add-on the Tuesday/Thursday enrichment classes (for 4/5-year old's)

____I am interested in Before Care – 8:30-9:00 MWF ($25 per month)

____I am interested in After Care – 2:45-3:45 MWF ($50 per month)

CHILD'S NAME: _____ BIRTHDATE: _____ AGE: _____
First and Last Name | Mo. Day Year | On 9/30/2021

MOTHER OR GUARDIAN: _____ Phone: _____
First and Last Name | Phone Number

Address: _____ Email: _____
Address | Email

FATHER OR GUARDIAN: _____ Phone: _____
First and Last Name | Phone Number

Address: _____ Email: _____
(If different from the mother's address) | Email