

Weekday Christian Preschool

½ Day Registration Information 2024/2025

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, 2024. The program is state licensed and staffed with degreed lead teachers and trained teacher’s assistants. We believe that learning takes place through discovery and play. Each classroom environment is child led and teacher facilitated. Our main objective is to foster a positive self-image in each child while nourishing their social, emotional, physical and intellectual growth.

Programs and Tuition Information

- M-W-F 3’s, 4’s and 5’s a.m. session 9:00-11:30 - \$160.00 a month
- M-W-F 3’s, 4’s and 5’s p.m. session 12:15-2:45 - \$160.00 a month
- T-Th 3’s a.m. session 9:00-11:30 - \$110.00 a month
- T-Th Enrichment – 9:00-11:30
 - M-W-F 1/2 day + Enrichment - \$90.00 a month
 - Full Day + Enrichment - \$80.00 a month
- 10% discount for 2 children enrolled from the same household.
- A non-refundable registration fee of \$50.00 and August’s Tuition for each child is required at the time of registration.

Registration starts January 16th, 2024. At enrollment we ask that you pay the \$50.00 registration fee and August’s 2024 tuition in one of the two ways listed below.

1. Fill out a direct withdrawal form that will run August 2024 through April 2025.
2. Pay monthly by Cash or Check. First month’s tuition (August’s tuition) due at registration.

If you have any questions, please contact Jennifer Brooks by email at Jbrooksfallsumc@gmail.com or by phone at 330-923-5243.

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Registration Form 2024-2025

Please Circle Desired Preschool Class

3’s

4’s

4/5’s

I prefer the ____ A.M. ____ P.M Session

I prefer the A.M. T/Th 3’s Session ____

I would like to add the T/Th A.m. Enrichment for 4/5’s ____

Before/After Care

____ I am interested in Before Care – 8:30-9:00

MWF (\$25 monthly) 4 day’s (\$32 monthly)

____ I am interested in Before Care – 8:00-9:00

MWF (\$50 per monthly) 4 Days (\$64monthly)

____ I am interested in After Care – 2:45-3:45

MWF (\$50 per monthly) 4 Days (\$64 monthly)

CHILD’S NAME: _____ BIRTHDATE: _____ AGE: _____
First and Last Name Mo. Day Year On 9/30/24

ADDRESS: _____

MOTHER/GUARDIAN: _____ PHONE: _____
First and Last Name Phone Number

EMAIL: _____
Email

FATHER/GUARDIAN: _____ PHONE: _____
First and Last Name Phone Number

EMAIL: _____
Email

I will be paying 2024/25 tuition by (circle one bellow)

Direct Withdrawal

Monthly by check/cash