Weekday Christian Preschool

Registration Information 2026/2027

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, 2026. 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 - $180.00 a month
- M-W-F 3's, 4's and 5's p.m. session 12:15-2:45 - $180.00 a month
- T-Th 3's a.m. session 9:00-11:30 - $120.00 a month
- M-W-F Full Day 3's or 4's – 9:00-2:45 - $390.00 a month
- M-W-F Full Day 5's – 9:00-2:45 - $390.00
  - Can add Tuesday for an extra $110.00 a month.
- T-Th Enrichment – For children NOT in Full Day 5's
  - M-W-F + ½ A.M. Enrichment - $100.00 a month
  - M-W-F + Full Day Enrichment - $220.00 a month
- 10% discount for 2 children enrolled from the same household.
- A non-refundable registration fee of $60.00 and September's Tuition for each child is required at the time of registration.

Registration starts January 13th, 2026. At enrollment we ask that you choose one of the below methods to pay 2026/27 tuition:

1. Fill out a direct withdrawal form that will run August 2026 through April 2027.
2. Pay monthly by Cash or Check. First month's tuition (August's tuition) due at registration.
3. Please turn in registration in an envelope with your child's name.

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 2026/2027

___ ½ Day M-W-F- 3's 4's 5's I prefer the _____A.M. _____P.M. ____ I would like to add T/Th A.M. Enrichment
___ A.M. T/Th- 3's
___ Full Day M-W-F 3's 4's 5's ____ I would like to add T/Th Enrichment
___ Full Day M-W-F 5's ____ I would like to add Tuesday Enrichment Needs to be attending Kindergarten Fall 2027 ____ I would like to add Thursday Enrichment

Before/After Care

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

- $10 for each day per month (example 3 days a week = $30 per month)

_____I am interested in Before Care – 8:00-9:00

- $20 for each day per month (example 3 days a week = $60 per month)

_____I am interested in After Care – 2:45-3:45

- $20 for each day per month (example 3 days a week = $60 per month)

CHILD'S NAME:_____ **BIRTHDATE:**_____ **AGE:** _____
First and Last Name Mo. Day Year On 9/30/26

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 2026/27 tuition by (circle one bellow)

Direct Withdrawal **Monthly by check/cash**

Ohio Department of Children and Youth

CHILD ENROLLMENT FORM FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

Child's Name	Date of Birth	First Day at Program
Address		
City	State	Zip Code

Parent #1 Name	Parent #1 Phone Number		
Parent #1 Address ☐Same as Child's	City	State	Zip Code
Parent #1 Email Address (if applicable)	Parent #1 Cell Phone (if applicable)		
Parent #1 Work/School Name (if applicable)	Parent #1 Work/School Phone Number (if applicable)		

Check here if Not Applicable ☐	Parent #2 Name	Parent #2 Phone Number		
Parent #2 Address ☐Same as Child's		City	State	Zip Code
Parent #2 Email Address (if applicable)		Parent #2 Cell Phone (if applicable)		
Parent #2 Work/School Name (if applicable)		Parent #2 Work/School Phone Number (if applicable)		

Primary Emergency Contact #1 Name (cannot be parent/guardian)	Check here if Not Applicable ☐	Optional Emergency Contact #2 Name (cannot be parent/guardian)
Primary Emergency Contact #1 Phone Number		Optional Emergency Contact #2 Phone Number
Primary Emergency Contact #1 Other number or email address for emergency contact *(if applicable)*		Optional Emergency Contact #2 Other number or email address for emergency contact *(if applicable)*
My child may be released to this emergency contact ☐ Yes ☐ No		Optional My child may be released to this emergency contact ☐ Yes ☐ No

Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication?

☐ Yes (complete or provide a Health Care Plan, documentation from a licensed physician, or an electronic equivalent)
☐ No

Child's Name	Date of Birth

Information on my child's development: (personal, behavior, patterns, habits, and individual needs, etc.)

☐ N/A

The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program:

☐ N/A

My child will receive specialized/individual services at the program:

☐ Yes
☐ No

Name of service provider(s) and frequency

☐ N/A

Emergency Transportation Authorization

☐ **The program has permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

☐ **The program does not have permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:

SIGNATURE

This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.

Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures

By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook).

Parent Signature	Date

Program Acknowledgement of Completion

By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.

Program Administrator/Designee Signature			Date
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

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Of

First United Methodist Church

Child's Name: _____

Please list the names/relationship below of those people who have your permission to pick up your child. We ask that you please either call or send a note notifying the permission. Individuals on this list will need a valid picture ID to verify their identity. We can only release children to individuals age 16 and up.

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Help Us Get to Know Your Child

Child's Name: _____ Nickname: _____ Birthdate: _____

People presently living in child's home:

Father/Guardian: _____ Mother/Guardian: _____

Brother's Name/Age:

_____

_____

_____

Sister's Name/Age:

_____

_____

_____

Does your child have a parent living outside the home? _____

If yes, how often do they see them? _____

Father's occupation: _____ Mother's occupation: _____

Does your child have any fears?

_____

_____

_____

Are there any medical problems we should be aware of?

_____

_____

Any known allergies? _____

Favorite interests? _____

Favorite toys? _____

Favorite foods? _____

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Permissions

Child's Name_____

Purell

_____I give my permission for the Weekday Christian Preschool to use Purell and/or other Hand Sanitizers occasionally with my child.
I understand that this does not take the place of all hand washing and will only be dispensed by the teachers.

Signature_____

Property Use

_____I give my permission for my child to participate in school related activities on the whole of the First United Methodist Church property. Ex/ Chapel, Asbury Hall, Wesley Hall)

Signature_____

Photo

_____Yes--- I give my permission for the use of my child's photo on materials to be used outside of the Preschool for the purpose of sharing information about our program. (Ex/ at a Preschool Fair at the Library, Facebook, preschool website....)

_____No--- I do not want my child's photo used outside of the school or on any social media sites.

Signature_____