



**Penfield United Methodist Preschool**  
1795 Baird Road  
Penfield, New York 14526  
(585) 381-3190  
Susan Marren, Director  
director.pump@gmail.com

Registration Application  
2024-2025

**Student Information**

Student's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Please check: F \_\_\_ M \_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ Can we include your directory information in our class list? Yes \_\_\_ No \_\_\_

**Family Information**

Parent/Guardian #1: \_\_\_\_\_ Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Church: \_\_\_\_\_

List all children, including the student, in birth order:

F/M

Age

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Persons Authorized to Pick Up: \_\_\_\_\_

Name of Persons NOT Authorized to Pick Up: \_\_\_\_\_

In Case of Emergency and Parents Cannot Be Reached:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Condition or Allergies:** \_\_\_\_\_

Other Important Information (i.e. special circumstances, services received, etc.) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I agree that in the case of an accident or injury, emergency medical care may be given in the event I, or the person(s) designated above, cannot be reached. \_\_\_\_\_ (initial)**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Programs** (Please indicate your top 3 choices: 1st, 2nd, & 3rd)

Class	Indicate top three choices	Days/ Times	Age Requirements	Pricing	Additional Information
<b>2 Year Old Program</b>		<b>Two Days</b> Tuesday/Thursday AM 9:00-11:00	Must be Two years old by August 31, 2024	\$1,665/year or \$185/month	Tiny Tots
<b>2/3 Year Old Program</b>		<b>Two Days</b> Tuesday/Thursday AM 9:00-11:30	Must be Three years old by March 31, 2025	\$1,665/year or \$185/month	Older 2s/young 3s
<b>3 Year Old Program</b>		<b>Two Days</b> Tuesday/Thursday AM 9-11:30	Must be Three years old by Dec 1, 2024	\$1,665/year or \$185/month	
		<b>Two Days</b> Monday/Wednesday PM 12:30-3	Must be Three years old by Dec 1, 2024	\$1,665/year or \$185/month	
		<b>Three Days</b> Monday/Wednesday/Friday AM 9-11:30	Must be Three years old by June 30, 2024	\$1,980/year or \$220/month	
<b>4 Year Old Pre-K Program</b>		<b>3/4 Year Old Combo</b> Tuesday/Wednesday/Thursday PM 12:30-3	Must be Three years old by Jan 31, 2024; Can turn Four in the fall 2024	\$1,980/year or \$220/month	Ideal for children who won't be heading to kindergarten in 2025
		<b>Three Days</b> Monday/Wednesday/Friday AM 9-11:30	Must be Four years old by Dec 1, 2024	\$1,980/year or \$220/month	
		<b>Four Days</b> Monday/Tuesday/Wednesday/Thursday PM 12:30-3	Must be Four years old by Dec 1, 2024	\$2,340/year or \$260/month	
<b>4/5 Year Old Pre-K Program/ Kindergarten Preparatory</b>		<b>Five Days</b> Monday/Tuesday/Wednesday/Thursday/Friday AM 9-11:30	Must be Five years old by Mar 31, 2025	\$2,835/year or \$315/month	Ideal for children turning five in the fall, but not quite ready for kindergarten

\*\*\***(15% discount off tuition for siblings)**

**A NON-REFUNDABLE** registration fee of \$125 is required with EACH application.

The first 2 months tuition payment is due August 1, 2024 and is **NON-REFUNDABLE**.

**Office Use Only**

Registration Check #: \_\_\_\_\_ Class Assignment: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_