

REGISTRATION FORM

St. Andrew's United Methodist Preschool

999 York Road, Warminster, PA. 18974

Phone: 215-675-4266

E-mail: preschool@standrewsworship.org

Child's Name _____ Male Female

Parent or Guardian _____ Phone: _____

Address _____ Alternate Phone: _____

_____ Child's Birth Date: ____/____/____

E-mail Address _____

Circle the class in which you would like to enroll your child:

2 ½ years

(Must be 2 ½ by Sept. 1)

9 Payments of \$180 a month

3 year old class (AM or PM)

(Must be 3 by Sept. 1)

9 Payments of \$190 a month

4 year old class (AM or PM)

(Must be 4 by Sept. 1)

9 Payments of \$210 a month

Please list any known allergies _____

Has your child had any prior school experience? YES NO

Name of program _____ Dates Attended _____

Has your child received any special services or early intervention? YES NO

Please describe _____

Please share any special need, condition or circumstance that might impact participation in our programs. _____

Primary language spoken in the home _____

How did you learn of St. Andrew's Preschool? _____

A non-refundable registration fee is required with application – see fees below. (Please make checks payable to St. Andrew's Preschool)

\$50.00 for one child

\$75 for 2 children

\$100 for 3 or more children

Signature of Parent or Guardian

Date

Please return the completed form as soon as possible. Shortly, you will receive a letter confirming enrollment.