



Office Use Only
Date _____
Check # _____
Total _____
Program Fee _____
May 2026 _____

2025-2026 Preschool Registration Form

Child's Last Name: _____ **First Name:** _____

Circle One: Male/Female **Birth** Month/Day/Year: ___/___/_____

Address: _____
 City: _____ Zip: _____

Primary Contact: _____

Relationship to Child: _____
Cell #: _____ **Cell phone service provider (AT&T, Verizon, etc):** _____
E-Mail: _____

Additional Contact: _____

Relationship to Child: _____
Cell #: _____ **Cell phone service provider (AT&T, Verizon, etc):** _____
E-Mail: _____

<p>Bunnies: 18 Months before 9-1-2025 \$200 Program Fee (One time fee. Due at registration) \$260 Monthly Tuition</p> <p style="text-align: center;"> <input type="checkbox"/> Mon/Wed <input type="checkbox"/> Tue/Thurs </p> <p style="text-align: center;">Please indicate first and second choice.</p>	<p>Ducks: 2 years before 9-1-2025 \$230 Program Fee (One time fee. Due at registration) \$320 Monthly Tuition</p> <p style="text-align: center;"> <input type="checkbox"/> Mon/Tues/Wed <input type="checkbox"/> Tues/Wed/Thurs </p> <p style="text-align: center;">Please indicate first and second choice.</p>
<p>Threes: 3 years before 9-1-2025 \$230 Program Fee (One time fee. Due at registration) \$320 Monthly Tuition</p> <p style="text-align: center;"> <input type="checkbox"/> Mon/Tues/Wed <input type="checkbox"/> Tues/Wed/Thurs </p> <p style="text-align: center;">Please indicate first and second choice.</p>	<p>Fours (Pre-K): 4 years before 9-1-2025 \$255 Program Fee (One time fee. Due at registration) \$390 Monthly Tuition</p> <p style="text-align: center;"> <input type="checkbox"/> Mon/Tues/Wed/Thurs </p>
<p>Alt. K: 5 years before 9-1-2025 \$255 Program Fee (One time fee. Due at registration) \$390 Monthly Tuition</p> <p style="text-align: center;"> <input type="checkbox"/> Mon/Tues/Wed/Thurs </p>	

Financial and Enrollment Agreement for 2025-2026

Please initial each section listed, then sign and date at the bottom.

_____ I have received a copy of the Carmel United Methodist Church Preschool Parent Handbook and agree to the preschool's financial policy including but not limited to registration, tuition/programming fee, withdrawal and late fees. **ALL FEES/TUITION DEPOSITS COLLECTED ARE NONREFUNDABLE**

_____ I have received a copy of the Carmel United Methodist Church Parent Handbook and agree to the preschool's policy regarding illnesses and medical/health records.

- I will provide a vaccination record for my students before school starts (new students) or within 30 days of their next birthday (returning students).

_____ I have received a copy of the Carmel United Methodist Church Preschool 2025-26 Student Calendar and understand that I will not receive financial credit for any missed school days, vacations, or school closures.

_____ I understand that requests for teachers will not be accepted, as the teachers and staff at Carmel UMC Preschool work together to make the very best environment for all students. I may make one friend request by listing their name here: _____. CUMC will do our best to honor this request IF the other family also requests your child.

This agreement has been read, and it is understood that this agreement is not subject to cancellation except by mutual agreement and by consent of Carmel United Methodist Church Preschool. This agreement also ensures that no special terms or privileges other than those mentioned herein have been promised.

Parent/Guardian Signature

Date

Emergency Authorization 2025-2026

Indicate those to contact in case of an emergency

1.Name: _____ Phone: _____ Relationship: _____

2.Name: _____ Phone: _____ Relationship: _____

3.Name: _____ Phone: _____ Relationship: _____

I hereby give my permission for my child to attend and participate in activities sponsored by Carmel United Methodist Church (CUMC) during the 2025-2026 school year.

I hereby agree that CUMC and its agents, employees, consultants, affiliates and successors shall have no liability whatsoever for any injury or damage to my child or loss or damage to his/her personal property sustained while he/she is participating in the activity stated above or in any way connected with or arising out of the activity stated above.

I hereby release CUMC and its agents, employees, consultants, affiliates and successors for any and all claims demands, causes of action, liabilities, losses, damages, expenses, and costs that may arise from any and all injuries and damages sustained by my child or to any property of my child while engaged or in any way involved in the activity stated above.

I hereby authorize the person(s) named immediately above to authorize or secure such medical care, consultation and treatment (including the execution of necessary required medical authorization forms documents and statements) as may be necessary in case of an emergency. If I or the persons named immediately above am/are not available during an emergency, I authorize such medical care, consultations and treatments for my child as may be necessary. I understand that it is my responsibility and not that of CUMC to pay all costs and expenses incurred in connection with such care, consultation and treatment and I hereby agree to pay all such costs and expenses.

I hereby represent and certify that I am the parent or guardian of the above named child, and I have read, understand and do hereby voluntarily execute this authorization and release of liability.

Parent/Guardian Signature

Date

The following information will be shared with your child’s teachers:

Student’s Name: _____

Name to be used in class: _____

1. Is this your child’s first experience at Preschool? Yes _____ No _____

2. If your child attended CUMC Preschool before, who were/are their teachers?

3. What is the primary language spoken in your home? _____

4. Is your child in any type of developmental program? (Examples: Speech, Occupational therapy, etc..)
Yes _____ No _____ If yes, please explain:

5. Please list any siblings and their ages: _____

If older siblings attended our preschool, who were their teachers and do you think a teacher with a similar style would benefit this student? _____

6. What do you hope your child will learn at preschool this year? _____

7. How would you describe your child? _____

8. Is there anything else we should know about your child to make this the best year possible?

9. May we share your email address with other classmates for social communication (birthday parties, playdates, etc.)? Yes _____ No _____

10. I give permission for photos to be taken of my child and published on the preschool’s closed group app (Only those within the preschool app. will have access)? Yes _____ No _____

Please Sign: _____

**Carmel United Methodist Church Preschool
Tuition Authorization 2025-2026 School Year**

Payment on Behalf: **Child's/Children's First and Last Name**

(please print name/names)

(Please initial)

All Payments are paid by automatic withdrawal through the preschool's management software

(Please mark ONE of the following)

Payment Method

ACH (direct deposit from bank account-**No Fee**)-This is the method of payment we will utilize for tuition payments.

OR

Credit Card (**Fee added 2.95% + \$.30**)-This is the method of payment we will utilize for tuition payments.

Parent/Guardian Signature

Date



Class: _____ (office use)

Drivers Release

2025-2026 school Year

Child's Name: _____

Please list below everyone who will be allowed to pick up your child (include yourself, spouse, grandparents, aunts, friends, etc.)

Identification will be requested from any person on the list the first time they pick up as well as in last-minute situations.

Please call the office or make your teacher aware if a last minute situation arises.

NAME

RELATIONSHIP

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

List anyone NOT allowed to pick up:

Note any special circumstances here (i.e., non-custodial parent situations, etc.)

1. _____
2. _____

Parent Signature: _____ Date: _____

Food Allergies/Health Concerns 2025-2026

Child's Name _____

Does your child have a food allergy or any other health concern, which we need to be informed of?

NO ____ (No other information is needed on these pages or the next, please sign and date.)

Parent Signature: _____ **Date:** _____

YES ____ My child has a medical condition that may require attention throughout the school day.

1. What is the medical condition? _____
2. What additional care or attention needs to be taken for the health and safety of your child?
(Medication, adaptation of day, action plan should they need additional care, etc.)

A doctor's note with the diagnosis and plan of action must be provided to the preschool before 8-1-2025

Parent Signature: _____ **Date:** _____

YES ____ My child has a physician-diagnosed food allergy which requires an action plan and medication.

1. Which food(s) is your child allergic to? _____
2. What does a reaction look like for your child if they have one? _____

3. If your child has a food allergy, do they require an EpiPen?

NO ____ (Other children may have access to this food in the classroom.)

YES ____ (This food item(s) will be restricted for all students in the classroom. **An allergy care plan, from a physician, must be in the office before 8-1-2025.**)

Parent Signature: _____ **Date:** _____

EpiPen/Benadryl Form 2025-2026

Please complete the following form for all diagnosed food allergies.

I/We give permission to the staff of the **Carmel United Methodist Church Preschool** program to administer an EpiPen or premeasured Benadryl to _____ due to an allergic reaction to _____.
(child's name)

I/We will provide a doctor-prescribed EpiPen/and/or premeasured Benadryl with prescription label attached to be kept in _____ classroom/backpack when he/she is in attendance.
(child's name)

I/We agree to come to the school after the EpiPen/Premeasured Benadryl has been administered, to check on _____.
(Child's name)

Symptom and Plan of Action

List the steps that need to be taken if your child has a reaction(ex: 1. Rash, Give Benadryl 2. Difficulty breathing give EpiPen / call guardian). 911 is always called when an EpiPen is given.

Symptom and Plan of Action

1. _____
2. _____
3. _____

Before August 1, 2025, we MUST have the following:

- A Doctor's signed care plan/plan of action
- All medication (EpiPen, Benadryl, etc...)

This permission covers the school year August 2025 through May 2026

Parent/Guardian Signature: _____ **Date:** _____