



**Asbury Christian Preschool**  
**20 Dunbar Street, Uniontown, PA 15401**  
**724-437-7525**  
**asburyunitedmethodistch.org.**  
Registration Form



**Child's Name** \_\_\_\_\_ Sex: Male / Female

Birth Date \_\_\_\_\_ Age on August 31 \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Parents Marital Status: Married / Divorced / Separated / Single

Child resides with: Both Parents / Mother / Father / Other \_\_\_\_\_

**Parent / Guardian Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

**Parent / Guardian Name** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contacts:**

NAME	TELEPHONE #	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Persons to whom child can be released:**

NAME	TELEPHONE #	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Name of Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Health Insurance Name \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies \_\_\_\_\_

Contagious Diseases to Date: \_\_\_\_\_

Immunizations: **PLEASE INCLUDE COPY OF RECORD WITH THIS FORM**

Medications: **WE CANNOT ADMINISTER ANY MEDICATIONS**

Toilet Trained: **CHILD MUST BE TOILET TRAINED PRIOR TO ENROLLMENT**

**Preschool program schedule choice: (Please Circle One)**

Monday/Wednesday/Friday Half Day Program 9:00-11:30 am

Monday/Wednesday/Friday Full Day Program 9:00am-3:00 pm (\*\*Parent must provide packed lunch daily)

Tuesday/Thursday 9:00-12:30 pm

**Registration and Tuition Agreement: Half Day & T/Th =\$125/month OR Full Day=\$250**

*I agree to one of the following tuition plan options:*

*Nine monthly payments of \$125 OR \$250 (full day) each (due Sep 15 – May 15)*

*Three payments of \$375 OR \$750 (full day) each (due Sep 15, Dec 15, Mar 15)*

*Full advance tuition of \$1,125 OR \$2,250 (full day) (due Sep 15)*

*Please let us know if you would like to set up automatic debit payments each month.*

*\* Discount available for Asbury UM Church attendance (see discount application for details.)*

*Please return this registration form with a check for \$100.00(\$50 refundable on last months paid tuition) registration fee, payable to Asbury U. M. Church.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Laura Shroyer  
Preschool Director  
814-233-9815

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[www.facebook.com/asburychristianpreschool](http://www.facebook.com/asburychristianpreschool)  
<http://www.asburyumcpa.org/>