

**CHIPPEWA UM PRESCHOOL**  
**2026-2027 REGISTRATION FORM**



**Select Class of Choice:**

**2 Day AM Program - Tues & Thurs 9:30am to 11:30am (Must be 3 yrs. old by Sept. 1, 2026)**

**3 Day AM Program - Mon, Wed & Fri 9am to 11:30am (Must be 4 yrs. old by Sept. 1, 2026)**

**5 Day AM Program - Monday thru Friday 8:45am to 11:45am (Must be 4/5 yrs. old by Sept. 1, 2026)**

**5 Day AM/PM Program – Monday thru Friday 8:45am to 1:30pm (Must be 4/5 yrs. old by Sept. 1, 2026 & must have completed a previous 2 or 3 day program.)**

**\*\*Class availability based on enrollment**

**CHILD's NAME** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Nickname** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Age of Sept. 1, 2026** \_\_\_\_\_

**Address** \_\_\_\_\_ **City & Zip Code** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Church Affiliation** \_\_\_\_\_

**Legal Guardian** \_\_\_\_\_

**FATHER's NAME** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Father's Address** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Business #** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ **Email** \_\_\_\_\_

**MOTHER's NAME** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Mother's Address** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Business #** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ **Email** \_\_\_\_\_

**Child's Siblings: Name & age as of Sept. 1, 2026**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Names of anyone else living within your household & relationship**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Name** \_\_\_\_\_ **Age** \_\_\_\_\_

# CHIPPEWA UM PRESCHOOL

2026-2027 REGISTRATION FORM CONT.



CHILD's NAME \_\_\_\_\_

Does your child have playmates his/her age? \_\_\_\_\_

How did you hear about the preschool? \_\_\_\_\_

Please give any additional information that may help us in understanding your child.  
(Habits, temperaments, special fears, recent deaths, testing, special needs, etc.)

Medical concerns and/or diagnosis (if so, name of doctor)

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Custody arrangements?

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Has your child previously attended preschool? And where? \_\_\_\_\_

**Please enclose \$100 non-refundable registration fee made payable to**

**CUMC** and mail to

or

you can pay on the website (a fee does apply)

Please include child's name and mark Preschool registration

**Chippewa UM Preschool  
2545 Darlington Road  
Beaver Falls, PA 15010**



Questions can be directed to Christine Wilson at [cwilson@chippewaumc.org](mailto:cwilson@chippewaumc.org) or at 724-843-4828.

All correspondence will be sent to both parents unless otherwise noted below.

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How would you like to receive correspondences? \_\_\_\_\_ email \_\_\_\_\_ mail \_\_\_\_\_ both

List emails of parents \_\_\_\_\_

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I agree to enroll my child in the Chippewa UM Preschool for the 2026-2027 school year.  
If I decide to withdraw my child I will do so in writing by August 1, 2026.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_