

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 **4/5yrs. 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 _____

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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)

Custody arrangements?

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 or at 724-843-4828.
All correspondence will be sent to both parents unless otherwise noted below.

How would you like to receive correspondences? _____ email _____ mail _____ both

List emails of parents _____

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 _____