

Dear Parents,

It is time to prepare for 2024/25 preschool enrollment. We are making changes to the enrollment process to help keep everyone healthy and safe.

Attached to this letter is a enrollment packet for next school year.

To secure your enrollment you **must**:

1. Complete the enrollment form **and**
2. Attach the appropriate enrollment fee; see box below.  
Enrollments without this fee will not be guaranteed.

**Enrollment Fees**

**Cash or Checks (payable to: NUMPS)**

\$100.00 per child

\$150.00 for family enrolling more than one child

- Class options for 3-Day Older 3's and 5-Day Pre-K are limited.
- Make sure to have a second choice selected in case your first choice is unavailable.

**Enrollment Dates and Times**

**Friday, January 12, 2024**– Enrollment for current Newburgh United Methodist Church Members.

**9:30 a.m. – 11:00 a.m.:** Enter Door #1. Enrollment table will be in the narthex.

**Monday, January 15, 2024:**

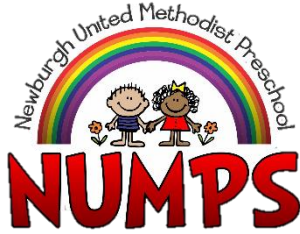
**Instructions:**

Please form a car line around the building, just as we do for the arrival and dismissal car line. Enter from the northside entrance and circle around to the southside of the building. We do not want cars out on the highway, a double line will be formed and numbers will be handed out if needed. Pull up to Door # 1. Have your enrollment forms filled out and your payment ready; we will service you from the passenger side of the vehicle.

**7:30 a.m. – 11:00 a.m.:**

**Enrollment for families who currently have a child in the Young 2's & 3's, Older 3's or Pre-K NUMPS program.** Current families must have a child enrolled prior to November 1<sup>st</sup> in order to be able to register on this date.

**12:30 p.m. – 3 p.m.:** Enrollment for past NUMPS families and NEW families.



## **NUMPS Enrollment: 2024/25 School Year**

To Register your student please complete and return to the preschool along with a **Non –Refundable Enrollment Fee (see the cover letter for fee information).**  
Checks made payable to: NUMPS

**ALL CHILDREN MUST BE 100% Potty Trained to attend – NO PULL UPS**

*If you are printing, please make single copies. No double sided. Thank you.*

Student Name \_\_\_\_\_ M F Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Best Contact Phone # \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

### **OLDER 3's - If your child turns 4 between August 1, 2024 and July 31, 2025**

\_\_\_\_\_ Tuesday and Thursday: 9 – 11:30 \$150/ month

**or**

\_\_\_\_\_ Tuesday and Thursday: 12:30 – 3:00 \$150/month

**or**

\_\_\_\_\_ Tuesday, Wednesday and Thursday: 9 – 11:30 \$175/month

**or**

\_\_\_\_\_ Tuesday, Wednesday and Thursday: 12:30 – 3:00 \$175/month

*The 3-day options have extremely limited enrollment!*

### **PRE-K - If your child turns 5 between August 1, 2024 and July 31, 2025**

\_\_\_\_\_ Monday, Wednesday and Friday: 9 – 11:30 \$175/month

**or**

\_\_\_\_\_ Monday, Wednesday and Friday: 12:30 – 3:00 \$175/month

**or**

\_\_\_\_\_ Monday – Friday: 9 – 11:30 \$225/month

**or**

\_\_\_\_\_ Monday – Friday: 12:30 – 3:00 \$225/month

*The 5-day options have extremely limited enrollment!*

NUMPS Enrollment Form

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

If parents live separately, please list the parent address not listed on the front page

Name \_\_\_\_\_ Address \_\_\_\_\_

Child's Medical Information – please include all allergies and other medical conditions

\_\_\_\_\_  
\_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Contact information of others who may be contacted in case of emergency if parents cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please list others who have permission to pick up your child from school other than the parents

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please list any person(s) who **MAY NOT** pick up your child from school

Name \_\_\_\_\_ Name \_\_\_\_\_

Information you feel would be helpful in working with your child – i.e. shyness, speech concerns.

\_\_\_\_\_  
\_\_\_\_\_

Please list other children in your family. This information will be used in conversation with your child.

\_\_\_\_\_  
*Please continue to the back with further information.*

**NUMPS Field Trip Form: This is NOT a duplicate, please fill out.**

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Child's Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Contact information of others who may be contacted in case of emergency if parents cannot be reached

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list others who have permission to pick up your child from school other than the parents

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any person(s) who MAY NOT pick up your child from school

Name \_\_\_\_\_ Name \_\_\_\_\_

Child's Medical Information – please include all allergies and other medical conditions

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Medications taken by the child – please include name of medication and dosage

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Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Child's Name \_\_\_\_\_

**Accident or Serious Illness:**

In case of accident or serious illness, I request the Program Director to contact me. If I cannot be reached, I hereby authorize the Program Director to make whatever arrangements the circumstances allow.

It is understood and agreed that neither Newburgh United Methodist Preschool (NUMPS) Program Directors are the insurer of my child's health and safety while he/she is at Preschool functions or engaged in supervised activities, including field trips, inflatables, and/or celebration day activities. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my child against the costs of sickness and injury.

If the above-named child needs emergency medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Field Trip Permission:**

I hereby grant permission for my child to attend all field trips scheduled through the school year. I understand that transportation will be provided by licensed public-school buses. I also understand that advance notice will be given for all field trips. Notice will be given on the classroom calendars and monthly newsletters. I understand in order for my child to attend field trips scheduled by Newburgh United Methodist Preschool, my child is required to ride school provided transportation to and from the field trip.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photography Permission:**

I also understand that my child's photograph may on occasion be taken during school/classroom activities. In the event I do not want my child's photograph taken, I will provide written notice to the preschool Office. I understand that photographs will be used strictly as mementos for other preschool families and occasionally for presentations made to the congregation of the Newburgh United Methodist Church. Permission for photographs used for the Newburgh United Methodist Church website will be obtained prior to posting the photographs online.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Social Media/Facebook Permissions:**

\_\_\_ Yes, I give permission for my child's picture to be on Facebook.

\_\_\_ No, I do not give permission for my child's picture to be on Facebook.

\_\_\_ I do not have Social Media.



# Information



- We keep our Facebook group private and secure for our current families. Please provide the information below. We also need you to answer ALL the questions when joining the NUMPS group AND your class section group.
- The main group will keep you up to date and be used as our main form of communication. The class section group will have photos of your children during the school year, as well as specific class information.
- Paypal info is needed if you plan to use the option to pay tuition online.
- **Please return with enrollment paperwork. An email will be sent out in July with links to join the Facebook group for the 2024-2025 school year.**

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Child's Name: \_\_\_\_\_

Child's Class Section: **CIRCLE:**

5-day AM/PM Pre-K

3-day AM/PM Pre-K

2-day AM/PM Older 3's

3-dayAM/PM Older 3's

Y2&3's

Parent/Guardian Facebook Names: \_\_\_\_\_

PayPal Name: \_\_\_\_\_

PayPal Email: \_\_\_\_\_

If anyone besides the parent/guardian needs access to the Facebook information or will be paying tuition please send an email to [numpsdirector@gmail.com](mailto:numpsdirector@gmail.com) or [numps82@gmail.com](mailto:numps82@gmail.com) with this information.