

Dear Parents,

It is time to prepare for 2026/27 preschool enrollment.

Attached to this letter is an 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 16, 2026– 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 19, 2026:

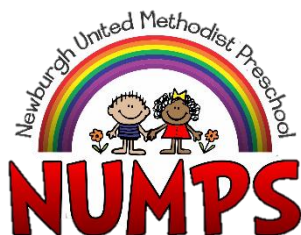
Instructions:

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 1st 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: 2026-2027 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, 2026 and July 31, 2027

_____ Tuesday and Thursday: 9 – 11:30 a.m. @ \$150/ month

or

_____ Tuesday and Thursday: 12:30 – 3:00 a.m. @ \$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, 2026 and July 31, 2027

_____ Monday, Wednesday, and Friday: 9 – 11:30 a.m. @ \$200/month

or

_____ Monday, Wednesday, and Friday: 12:30 – 3:00 p.m. @ \$200/month

or

_____ Monday – Friday: 9 – 11:30 a.m. @ \$250/month

or

_____ Monday – Friday: 12:30 – 3:00 p.m. @ \$250/month

The 5-day options have extremely limited enrollment!



Check if you are also enrolling for Extended Enrichment sessions.

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 _____

Is your child receiving speech, developmental, behavioral, emotional, or other services? Yes ____ No ____

If yes, please include, provider and services rendered, beginning date and ending date if applicable. This information will help with class placement. _____

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.

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 _____

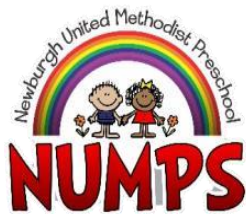
Mother's Signature _____ Date _____

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.



Tuition Agreement 2026-2027

This agreement is entered into by the undersigned parent/guardian (referred to as “you” or “your”) of the child/children named below and Newburgh United Methodist Preschool (NUMPS) (referred to as “we”, “us”, “our”, or “school”) on the terms and conditions set out below:

- _____ **OLDER 3’s** - Tuesday and Thursday: \$150/ month
- _____ **OLDER 3’s** - Tuesday, Wednesday, and Thursday: \$175/month
- _____ **PRE-K** - Monday, Wednesday, and Friday: \$200/month
- _____ **PRE-K** - Monday - Friday: \$250/month
- _____ **Young 2’s & 3’s** - 1 Day a week = \$70/month * 2 Days a week = \$140/month
- _____ **Young 2’s & 3’s Extended Day** = \$80/month: ***Tues. only*** * \$160/month ***Tuesday and Thursday***
- _____ **Extended Enrichment** - 1 Day a week = \$70/month * 2 Days a week = \$140/month
- 3 Days a week= \$210/month * 4 Days a week = \$280/month * 5 Days a week = \$350/month

- **Monthly** tuition is due by the **1st of each month, and late after the 5th**. *There will be no tuition credit and/or refund due to closures, scheduled or otherwise.*
- **All payments received after the 5th of each month will be charged a \$25.00 late payment fee.**
- Because our program requires us to engage staff based upon the number of children enrolled, we cannot give tuition refunds or vacation credit for days your child is absent.
- If you choose to no longer pay tuition, your child will be un-enrolled and no longer have access to the NUMPS Facebook page. Non-payment may result in legal action.
- A \$25.00 fee will be assessed for all NSF checks or other forms of returned payments.
- All fees may be paid by cash, check, money order, PayPal, or NUMPS website Tuition Tab.

Child/Children’s Name(s):

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Updated November 2025



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 2026-2027 school year.**

Child's Name: _____

Child's Class Section: **CHECK:**

5-day AM/PM Pre-K

3-day AM/PM Pre-K

2-day AM/PM Older 3's

3-day AM/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 or numps82@gmail.com with this 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

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

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Hospital Preference _____