



2019-2020 REGISTRATION INFORMATION

Thank you for your interest in North Raleigh United Methodist Preschool. We look forward to having you become a part of our preschool family!

REGISTRATION PROCEDURES:

1. Fill out a separate registration form for each child. Place the form and appropriate registration fee in the designated envelope in the marked box in the first floor lobby of the Education Building.
2. The registration fee is an administrative fee which is equal to one month's tuition, but is **NOT** a tuition payment. It must accompany the registration form. Registration fees are **NON-REFUNDABLE** unless your child is placed on a waiting list or you move out of Wake County prior to August 31, 2019.

Registration Fee:

2-day	\$220
3-day	\$270
4-day	\$330
5-day	\$370

Make checks payable to NRUM Preschool

3. Families of currently enrolled children must be up-to-date with tuition payments in order to register for the upcoming year.

KEY DATES:

Registration due by **9:30 a.m.** on the designated day listed below.

January 2019

Mon – 28	Tue - Jan. 29	Wed – Jan. 30	Thurs – Jan. 31	Fri – 1
	Current Students	Church Members and Siblings of current students	Siblings of former students and General Public	

*A list of registered students will be posted by **Monday, February 4, 2019** in the preschool lobby.*

NRUM PRESCHOOL ADDITIONAL INFORMATION

NRUM Preschool classes are from 9:15 a.m. – 1 p.m. All children bring their own lunch from home each day. No additional fees for lunch time, it is all included!

We follow the Wake County School's age cut-off date of August 31 for enrolling children. We reserve the right to maintain a reasonable girl/boy ratio. Minimum class size must be met in order for a class to be offered.

WE ARE NOT AN ALLERGY FREE PRESCHOOL. Parents of children who may require medical attention of any kind (including medication or procedure) should contact the director in advance for complete policies.

All students are required to use a tote style bag (please no zippered, backpack or drawstring bags). You may use any tote bag of your choice.

Tuition Discount: A 5% discount will be offered to families who prepay for the entire year by May 5, 2019. A 5% discount is also offered to families who have more than one child enrolled in NRUM Preschool at the same time. **The tuition for the younger sibling will be discounted.**

ALL CHILDREN ENTERING THE 3, 4 and 5-YEAR OLD CLASSES MUST BE FULLY POTTY TRAINED by the beginning of the first day of preschool in the fall.

Proof of immunization is required prior to the start of the school year. This preschool does **NOT** accept any NC exemptions for immunizations.

You can always receive up to date information on our preschool by visiting our website:

www.nrumpreschool.org

**We look forward to having your family be a part of our preschool family!
Please let me know if you have any questions.**

**Courtney Allen
Director**

8501 Honeycutt Road
Raleigh NC 27615
919-870-6616

email: preschool@nrumc.org



North Raleigh
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Preschool

Office Use: Ck # _____ Amt _____ Date _____
Tote Del: _____ Sibling _____

REGISTRATION FORM - Page 1

Please attach a separate check, payable to **NRUM Preschool**, with the corresponding Registration Form for **each child** registering. All children must be age of class choice **by August 31, 2019**. Classes will be available only if the minimum class enrollment requirement is met.

Classes: Indicate your 1st and 2nd choices

Twos: _____ T / Th _____ M / W / F
Threes: _____ T / W / Th _____ M – Th _____ M – F
Fours/Fives: _____ M – Th _____ M – F

Registration Fee: Although the non-refundable registration fee is equal to one month's tuition, it is a separate fee and does NOT count towards tuition.

2 days: **\$220**

3 days: **\$270**

4 days: **\$330**

5 days: **\$370**

Child's Name: _____ / _____
First Middle Last Name called

Child's Date of Birth: ____/____/____ Age on 8/31/2019: _____ Please Circle: Male Female

Home Address: _____

Preferred E-mail Address: _____ / _____
Mom Dad

Mother's Name: _____ / _____
Preferred Phone

_____/_____/_____
Mother's Place of Work Work Phone Other Phone

Father's Name: _____ / _____
Preferred Phone

_____/_____/_____
Father's Place of Work Work Phone Other Phone

Are you a member of NRUM Church? _____ If not, would you like to receive info from NRUM Church? _____

Has **THIS** child ever attended any other daycare/preschools? If so, name: _____

Names and ages of siblings: _____ / _____, _____ / _____
Name Age Name Age

_____/_____/_____
Name Age Name Age

Child's Name: _____
First Middle Last

Any allergies? _____

The following information is very helpful to our teachers in helping them to best care for your child.

Any concerns about your child's general health? _____

With whom does your child like to play? _____

Please explain any speech problems: _____

Any unusual fears? _____

Does your child have trouble handling anger? _____

What calms your child? _____

Is there any additional information about your child, which might be helpful to their teachers in working with your child? _____

***We reserve the right to create classes based on teacher recommendations and to provide a desired boy/girl ratio. Parent requests for teachers and classmates are not guaranteed.
All children entering the 3 or 4's classes must be completely potty trained.***

Photo Release

Child's Name: _____

(Please initial your preference)

_____ **Yes, I give permission** for my child's photo or other illustrating materials to be used in slide shows, bulletin boards, newsletters, website (ex: Smilebox), class keepsakes and displays. **Names will not be used** on any photos in newsletters, our website, or any other applications on the World Wide Web. I understand that usage of any photos and/or illustrating materials will be without payment or compensation.

_____ **No, I do not give permission** for my child's photo or other illustrating materials to be featured in slide shows, bulletin boards, newsletters, website (ex: Smilebox), class keepsakes and displays. I understand that **my child will not be able to participate** in any class photos or any pictures taken at the preschool, including any NRUM PRESCHOOL programs that are videotaped or photographed for school purposes. (Photographs taken by professional photographers at the preschool are at your discretion.)

4'S Classes Only - Church Bus Authorization

Please complete the below information for students entering the **4-year old classes only**.

Each 4-year old class rides the church bus and visits the Cypress Retirement Center during the school year. They will also ride the church bus to Honeycutt Park for Park Day.

This is to certify that my child _____,

_____ **Yes, has my permission** to participate in all school activities and field trips planned and supervised by the school staff and to ride the NRUMC bus to off-site field trips.

_____ **No, does not have my permission** to participate in all school activities and field trips planned and supervised by the school staff and to ride the NRUMC bus to off-site field trips. I will have to arrange for any transportation to and from the location for my child in order for them to participate.



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REGISTRATION FORM CONTINUED - Page 4

(Child's Name) _____ Date of Birth _____

RESPONSIBLE PARTIES TO CALL IF PARENTS CANNOT BE REACHED:

(Physician) _____ (Address) _____ (Phone) _____

(Friend or Family) _____ (Address) _____ (Phone) _____

(Friend or Family) _____ (Address) _____ (Phone) _____

Please list anyone who has permission to pick up this student from North Raleigh United Methodist Church Preschool:

(Name) _____ (Address) _____ (Phone) _____

(Name) _____ (Address) _____ (Phone) _____

(Name) _____ (Address) _____ (Phone) _____

Is there anyone who is **NOT** authorized to pick up this student from NRUM Church Preschool? **YES / NO** (Circle one)

If YES, who may **NOT** pick up this student: _____ ; _____

Registration Fees:

2-day	\$220
3-day	\$270
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Non-Refundable Registration Fee Enclosed: \$ _____

By signing below, I authorize the staff of North Raleigh United Methodist Preschool or North Raleigh United Methodist Church to provide and/or seek emergency medical care for my child in the case of an emergency. I understand that the Registration Fee paid is a **non-refundable** fee (unless I move out of Wake County before August 31, 2019 or my child is put on a wait list). I also understand that my child must be **completely potty trained** upon entering the 3's or older classes. I am aware that additional medical and emergency forms and proof of immunization **are required** prior to the start of the school year. I understand that this preschool does **NOT** accept any NC Exemptions for immunizations. Finally, I agree to the permissions, releases and authorizations as indicated above.

Parent/Guardian Signature _____ Date: _____

The reverse page needs to be completed and turned into the preschool **before your child starts in September.**

- All parents must complete the top part of the form
- You child's doctor will complete the bottom part of the form.
- Information must be based on a doctor's visit between:
 - September 1, 2018 and August 31, 2019.

It can be mailed, hand delivered or faxed.

Fax: 919- 341-3446

NRUM Preschool
8501 Honeycutt Rd.
Raleigh, NC 27615

Attn: Courtney Allen, Director



Preschool

8501 Honeycutt Rd • Raleigh, NC 27615
(919) 870-6616

Children's Medical Report and Immunizations

This form does NOT need to be turned in with registration

but completed by the beginning of the school year.

Immunization documentation and exam dates must be between 8/31/18 and 8/31/2019.

To be completed by Parent or Guardian

Name of Child: _____ Age: _____ Child's Birthdate: _____

Name of Parent or Guardian: _____

Address of Parent or Guardian: _____
Street City State/Zip

Medical History

1. Previous hospitalization? Yes _____ No _____ If yes, why? _____
2. Is child allergic to anything? Yes _____ No _____ If yes, what? _____
3. Any previous diseases or illness? Yes _____ No _____ If yes, what? _____
4. Any operations? Yes _____ No _____ If yes, what? _____
5. Any physical handicaps? Yes _____ No _____ If yes, what? _____
6. Is the child under the care of a doctor, other than for routine care? Yes _____ No _____ If yes, for what reason? _____

1. Any history of developmental delay? Yes _____ No _____ If yes, explain: _____
2. Any history of convulsions/seizures? Yes _____ No _____ If yes, explain: _____
3. Any history of diabetes in the family? Yes _____ No _____ If yes, explain: _____
4. Any history of heart problems? Yes _____ No _____ If yes, explain: _____
5. Is your child taking any medications, if so please list: _____

Signature of Parent or Guardian: _____ Date: _____

Physical Examination - This examination must be completed and signed by a licensed physician or his/her authorized agent who is currently approved by the NC Board of Medical Examiners.

Weight: _____ % Height: _____ % HEENT: _____ Heart: _____

Lungs: _____ Abd: _____ GU: _____ Ext: _____ Skin: _____

Teeth: _____ Neuro: _____

Results of PPD, if indicated: _____

Recommendations: _____

Print name of Physician or authorized agent

Signature of Physician or authorized agent

Date of last Physical Exam

Office Address

Office Phone Number

Immunization History: The health official must enter the date each immunization was received in the spaces below or provide on attached sheet.

Vaccine	Date	Date	Date	Date	Date
DTaP/DTP					
Hib					
IPV					
Hep B					
Hep A					
MMR					
Virivax					
Other					