

Crestwood United Methodist Church Preschool
7214 Kavanaugh Rd. P.O. Box 1296
Crestwood, KY 40014
502-553-9362
Tina@crestwoodmethodist.com

staff only:

QB ☐ Car Tag # _____
email ☐ new to CUMC ☐
receipt ☐



Non-refundable Registration Fee for 2024 - 2025

Check # _____ \$205 Date _____

Child's full name _____ Date of birth _____

Name you want on the child's work _____ Sex: M or F

Address _____ City _____ State ____ Zip _____ Co. _____

Email Address _____

Home Phone _____

Family Information

Parent's Name _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Parent's Name _____ Cell Phone _____

Place of Employment _____ Business Phone _____

If parents are separated or divorced, with whom does the child live? _____

Names and ages of brothers and sisters (Please indicate if they do not live in the household with the child.) _____

Please list any other persons living with the child and their relationship to the child. _____

What language/s are spoken to your child _____

Pick Up

Person authorized to pick up your child in an emergency, carpool, and in the event of a disaster.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you're new, how did you learn about our preschool?

____ Website ____ Church/Church sign ____ Flyer ____ Yard Sign ____ Other family in preschool? Who? We want to give them a coupon to use toward tuition.

Personal History

Has child had a previous group or preschool experience? Describe _____

***Does your child have any allergies? Y or N Please list below:

List any medications child takes on a daily or weekly basis: _____

Are there any medical issues or a medical history of which we should be aware? _____

List any physical or emotional considerations: _____

Does child receive: _____ outside speech services _____ OT services
_____ PT services? May we contact these agencies? _____ Yes _____ No

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Pediatrician _____ Phone _____
Insurance Co _____ Policy # _____ Group _____
Name of Insured _____
Preferred Hospital - Norton Children's Medical Center, 502/446-5000 ____yes or ____no
If other preferred hospital, fill in name/phone number: _____

Permission For Emergency Medical Treatment

In the event of a medical emergency, and I or anyone else listed on this registration form cannot be reached, I hereby authorize CUMC Preschool to obtain emergency care for my child, including transportation via ambulance. Parent's signature _____

I give permission to share my child's name, address, parent's names, and phone numbers with other parents in my child's class. _____ Yes _____ No Parent's signature _____

I give permission to share my child's name, address, parent's names, and phone numbers with Crestwood United Methodist Church. _____ Yes _____ No Parent's signature _____

I give my permission for the staff to assist in my child with toilet care & changing of clothes if needed. _____ Yes _____ No Parent's Signature _____

I give my permission for my child to have contact with animals. _____ Yes _____ No
Parent's Signature _____

I give my permission for my child to be photographed or video-taped in conjunction with preschool activities. This is for use within the school, school programs, or to send home to parents.
_____ Yes _____ No Parent's Signature _____

Periodically our speech therapist and/or occupational therapist make classroom observations. I give permission for the preschool speech therapist and/or occupational therapist to observe my child. I will be notified if a screening is recommended. _____ Yes _____ No Parent's signature _____

Please initial acknowledgement of the following:

_____ Registration fee and/or August's tuition are not refunded in case of withdrawal.
_____ A \$5 per day late fee will be assessed for every day tuition is late.
_____ We are required to have a current KY immunization form for your child on file at all times.
_____ All children must be potty-trained except for those in the two year old classes.

I hereby make application for the admission of my child to Crestwood United Methodist Church Preschool and I submit the information on this form.

Signature _____ Date _____
Printed Name _____

FOR OFFICE USE ONLY:

Class child is registered in (from online registration):

Twos (2 by 8/1/24)

____ M/W
____ T/Th

Threes (3 by 8/1/24)

____ M/W
____ T/Th
____ M/W/Th

Pre-K classes (4 by 8/1/24)

____ T/Th
____ M/T/W
____ M/W/Th
____ M-Th

JR Kindergarten

____ M/T/Th- **child must be 5 by 4/1/25**
____ M-Th- **child must be 5 by 2/1/25 &**

have pre-k teacher recommendation.