

**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 2026 - 2027**

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 8/1/26)

\_\_\_\_\_ M/W

\_\_\_\_\_ T/Th

#### Threes (3 by 8/1/26)

\_\_\_\_\_ M/W

\_\_\_\_\_ T/Th

\_\_\_\_\_ M/W/Th

#### Pre-K classes (4 by 8/1/26)

\_\_\_\_\_ T/Th

\_\_\_\_\_ M/T/W

\_\_\_\_\_ M/W/Th

\_\_\_\_\_ M-Th

#### JR Kindergarten

\_\_\_\_\_ M/T/Th- child must be 5 by 4/1/27

\_\_\_\_\_ M-Th- child must be 5 by 2/1/27 &

have pre-k teacher recommendation.