



## **REGISTRATION PROCEDURES:**

1. Complete a separate registration form for each child. Place the form and appropriate registration fee in the envelope provided in the marked box outside the Preschool building main door.
2. The registration fee is an administrative fee which is equal to one month's tuition, it 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 the start of the school year. Make all 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.

**REGISTRATION DATES:** You may drop your registration form off at any time, spots are filled using a lottery system following the dates below. You will be notified by February 6<sup>th</sup>.

Tuesday, January 27<sup>th</sup> .....Current students  
Wednesday, January 28<sup>th</sup> .....Siblings of current students & NRUMC church members  
Thursday, January 29<sup>th</sup> .....Siblings of former students & General public

- NRUM Preschool classes are from 9:15 a.m. – 1:00 p.m. All children must 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<sup>st</sup> for enrolling children. Your child must be the age of the class they are registering to attend by August 31<sup>st</sup>. 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 and to obtain a Medical Action Plan form for their child.
- Tuition is paid one month in advance and tuition payments are billed on the 1<sup>st</sup> of each month. We reserve the right to charge a late fee of \$20 if your tuition is not paid in full by the 15<sup>th</sup> of each month and if not resolved over consecutive months your child may not be able to attend preschool.
- **Tuition Discount:** A 5% discount will be offered to families who prepay for the entire year by June 1<sup>st</sup>, 2026. 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.

# 2026-2027 School Calendar



August 2026						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	★					

September 2026						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2026						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2026						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January 2027						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2027						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2027						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2027						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2027						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	★	27	28	29
30	31					

June 2027						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July 2027						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



First and Last Day of School



Teacher Workday



No School



Special Activity Day

August 27th	Parent Orientation @ 6PM
August 28th	Student Orientation
August 31st	First Day of School
September 7th	NO SCHOOL Labor Day
Sept. 14th & 15th	First FULL days for Toddlers and 2s
October 29th	Fall Festival (in school event)
November 3rd	Teacher Workday NO SCHOOL
Nov. 23rd- 27th	Thanksgiving Holiday
December 17th	Christmas Program @ Noon
Dec. 21st- Jan 1st	Christmas Holiday Break

January 18th	No School
February 1st- 5th	Super Dad's Day events (morning)
February 15th	Teacher Workday/Conference Day 2
February 16th	Teacher Workday/ Conference Day 2s, 3s & 4s
March 10th	Teacher Workday
March 25th	Spring Program/Art Show @ Noon
March 26th- April 2nd	Spring Break
April 5th	Teacher Workday
May 3rd-7th	Mother's Day events (morning)
May 26th	Last Day of School & Graduation



Office Use: Check # \_\_\_\_\_  
Amount \_\_\_\_\_ Date \_\_\_\_\_

## North Raleigh United Methodist Preschool 2026-2027 Registration Packet

**Classes:** *Indicate your 1<sup>st</sup> & 2<sup>nd</sup> choices* \*Classes will be available only if the minimum class enrollment requirement is met.

### Monthly Tuition Rates:

2 days: \$290

3 days: \$350

4 days: \$425

5 days: \$460

**\*\*All children must be age of class choice by August 31, 2026.\*\***

**Toddlers:** (18 months +) \_\_\_\_\_ **Tues/Thurs (2 days)**

**2 year olds:** \_\_\_\_\_ **Tues/Thurs (2 days)**

\_\_\_\_\_ **Mon/Wed/Fri (3 days)**

**3 year olds:** \_\_\_\_\_ **Tues/Wed/Thurs (3 days)**

\_\_\_\_\_ **Mon – Thurs (4 days)**

**4 & 5 year olds:** \_\_\_\_\_ **Mon –Thurs (4 days)**

\_\_\_\_\_ **Mon – Fri (5 days)**

Please attach a separate check, payable to **NRUM Preschool**, with the completed registration form for each child. The Registration fee is the tuition rate for your first choice although it is an administrative fee and not considered a tuition payment. Registration fees are non-refundable unless you are placed on a waiting list or move out of Wake County prior to the start of the school year. September tuition will be due May 1, 2026.

**Child's Name:** \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Name called

**Child's Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age on 8/31/2026:** \_\_\_\_\_ **Circle:** Male Female

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ / \_\_\_\_\_  
Preferred Phone

\_\_\_\_\_  
Mother's Employer Email Address

**Father's Name:** \_\_\_\_\_ / \_\_\_\_\_  
Preferred Phone

\_\_\_\_\_  
Father's Employer Email Address

**Does your child have allergies?** \_\_\_\_\_ No \_\_\_\_\_ Yes (please list and explain) \_\_\_\_\_

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: \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_



## REGISTRATION FORM - Page 2

EMERGENCY CONTACT TO CALL IF PARENTS CANNOT BE REACHED:

\_\_\_\_\_  
(Family or Friend) (Phone)

\_\_\_\_\_  
(Family or Friend) (Phone)

\_\_\_\_\_  
(Pediatrician) (Phone)

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

\_\_\_\_\_  
(Name) (Name your child calls them) (Phone)

\_\_\_\_\_  
(Name) (Name your child calls them) (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: \_\_\_\_\_

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 also agree to the following:

- I understand that the Registration Fee is a **non-refundable** administrative fee.  
(Unless I move out of Wake County before August 31, 2026 or my child is put on a wait list).
- I understand that by registering my child I agree to pay full tuition monthly for the duration of the time my child is enrolled at North Raleigh United Methodist Preschool.
- I understand that North Raleigh United Methodist Preschool is using all current recommendations by the CDC & NC Department of Health and Human Services in regards to any contagious illnesses and my child must be up to date on all required vaccinations. to help determine the guidelines we put in place for our preschool children, staff and families. However, these guidelines can be changed or revised by the preschool board as needed.
- I understand that I must provide additional medical and emergency forms and proof of immunizations by September 2nd and we **DO NOT accept** any religious or NC exemptions for immunizations.
- I understand that my child must be completely potty trained upon entering the 3's or older classes.
- Finally, I agree to the permissions, releases and authorizations as indicated above on this application.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Children's Medical Report and Immunizations

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

**This form does NOT need to be turned in with registration**  
**However it must be completed by the beginning of the school year.**  
**Immunization documentation and exam dates must be after 8/31/2025.**

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_  
Name of Parent or Guardian: \_\_\_\_\_

### Medical History: to be completed by parent or guardian

1. Is child allergic to anything? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what? \_\_\_\_\_
2. Is child currently under a doctor's care? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, for what reason? \_\_\_\_\_
3. Is the child on any continuous medication? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what? \_\_\_\_\_
4. Any previous hospitalizations or operations? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, when and for what? \_\_\_\_\_  
\_\_\_\_\_
5. Any history of significant previous diseases or recurrent illness? No \_\_\_\_\_ Yes \_\_\_\_\_ diabetes? No \_\_\_\_\_ Yes \_\_\_\_\_ convulsions?  
No \_\_\_\_\_ Yes \_\_\_\_\_ heart trouble? No \_\_\_\_\_ Yes \_\_\_\_\_ asthma? No \_\_\_\_\_ Yes \_\_\_\_\_ other, what/when?  
\_\_\_\_\_
1. Does the child have any physical disabilities? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
2. Any mental disabilities? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

\*\* Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Physical Examination - Information listed below must be completed and signed by your child's physician.

**A pediatrician well check form signed by the doctor can be submitted in lieu of this form.**

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 Physical Exam  
must be after 8/31/25

Office Address

Office Phone Number

Please attach a copy of your child's immunization records to this medical form.

All medical forms and immunization records must be turned in by

**SEPTEMBER 2nd 2026.**

preschool@nrumc.org

NRUM Preschool  
8501 Honeycutt Rd.  
Raleigh, NC 27615  
919-870-6616