



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 August 31, 2024. Make all checks payable to NRUM Preschool. You may also pay online at nrumpreschool.org.
3. Families of currently enrolled children must be up-to-date with tuition payments in order to register for the upcoming year.

REGISTRATION DATES:

Tuesday, January 23rdCurrent students
Wednesday, January 24thSiblings of current students & NRUMC church members
Thursday, January 25thSiblings 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 31st for enrolling children. Your child must be the age of the class they are registering to attend by August 31st. 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 payments are due by the 1st of each month. We reserve the right to charge a late fee of \$20 if your tuition is not paid in full by the 5th 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 1st, 2024. 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.



Office Use: Paid by _____ Check _____ CC/Online
Amount _____ Date _____

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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, 2024.**

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

Toddlers: (18 months +) _____ T/Th (2 days)

2 year olds: _____ T/Th (2 days) _____ M/W/F (3 days)

3 year olds: _____ T/W/Th (3 days) _____ M – Th (4 days)

4 & 5 year olds: _____ M–Th (4 days) _____ M – F (5 days)

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

2 days: **\$270** 3 days: **\$325** 4 days: **\$395** 5 days: **\$425**

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

Child’s Date of Birth: ____/____/____ Age on 8/31/2024: _____ Circle: Male Female

Home Address: _____ City _____ Zip _____

Mother’s Name: _____ / _____
Preferred Phone

Mother’s Place of Work Email Address

Father’s Name: _____ / _____
Preferred Phone

Father’s Place of Work 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: _____ / _____, _____ / _____
Name Age Name Age



REGISTRATION FORM - Page 2

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)

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, 2024 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 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 my child must be **completely potty trained** upon entering the 3's or older classes.
- I understand that I must provide additional medical and emergency forms and proof of immunizations by September 3rd and we **DO NOT** accept any religious or NC exemptions for immunizations.
- Finally, I agree to the permissions, releases and authorizations as indicated above on this application.

Parent/Guardian Signature _____ Date: _____