

Child's Name: \_\_\_\_\_

## Faith Preschool Registration Form

2024 - 2025

Quakertown United Methodist Church  
1875 Freier Road, Quakertown, PA  
[registrarfps@gmail.com](mailto:registrarfps@gmail.com) 215-536-8172  
(Please check desired class)

### Pre-K Class

**3 Day Class** (Monday, Tuesday, & Wednesday)

**Time:** 9:30 am - 11:45 am

**Tuition:** \$200 x 10 payments

**3 Day Extended Class** (Monday, Tuesday, & Wednesday)\*

**Time:** 9:30 am - 1:30 pm

**Tuition:** \$355 x 10 payments

**4 Day Class** (Monday, Tuesday, Wednesday, & Thursday)\*

**Time:** 9:30 am - 11:45 am

**Tuition:** \$260 x 10 payments

**4 Day Extended Class** (Monday, Tuesday, Wednesday, & Thursday)\*

**Time:** 9:30 am - 1:30 pm

**Tuition:** \$465 x 10 payments

One time activity and registration fee **per student:** \$95.00 **Child must be age 4 by August 31st, 2024**

### 3 Year Old Class

**2 Day Class** (Tuesday & Thursday)

**Time:** 9:30 am - 11:45 am

**Tuition:** \$145 x 10 payments

**2 Day Extended Class** (Tuesday & Thursday)\*

**Time:** 9:30 am - 1:30 pm

**Tuition:** \$260 x 10 payments

One time activity and registration fee **per student:** \$65.00 **Child must be age 3 by August 31st, 2024**

### 2 Year Old Class

**Tuesday Class**

**Time:** 9:30 am - 11:45 am

**Tuition:** \$75 x 10 payments

**Tuesday Class & Thursday Enrichment Day\***

**Time:** 9:30 am - 11:45 am

**Tuition:** \$150 x 10 payments

A Wednesday class option will be available when Tuesday class is filled

One time registration fee **per student:** \$35.00

**Child must be age 2 by August 31st, 2024**

**Does not need to be potty trained**

\* Please note that the following classes will only run if we have enough registration to support.

**All families are required to pay our non-refundable deposit for future school months (Payment #1). Payment #1 will be prorated for prior months not in attendance.**

I have another child attending Faith Preschool

Please make all checks payable to "Faith Preschool" with the child's name and class noted on the memo line.

Younger sibling tuition discount of 15%. Full tuition payment discount of 3%. Please reach out to our Office Manager ([faithpreschoolofficemanager@gmail.com](mailto:faithpreschoolofficemanager@gmail.com)) for the amount due.

## STUDENT INFORMATION

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Preferred First Name for Classroom Learning: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Office Use Only: Registration fee Received \_\_\_\_\_ Check #/ \_\_\_\_\_

Date \_\_\_\_\_ ( Cont.)

***GENERAL INFORMATION - This information allows us to best serve the needs of your child and will remain confidential.***

Marital Status of Parents:

\_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single

**Names and relationships of others living in the household (parents, siblings, other adults):**

**1. Describe prior preschool experience your child has had.**

**2. What opportunities does your child have to play with peers?**

**3. Does your child have any special interests or talents?**

**4. Does your child have any special needs or medical conditions? If yes, please describe and discuss your child's needs prior to registering with the Registrar.** *Admittance and continuance in our program will be considered and reviewed by the Preschool Board on an individual basis. Faith Preschool desires to meet the needs of its students in every developmental and academic area possible. However, our facilities, equipment, staff training and ratio numbers limit our ability to meet the needs of some students who may apply.*

**5. Is your child currently receiving any support services related to the special need? If yes, please describe.**

**6. Does your child have known allergies – food or otherwise?**

**7. How did you hear about Faith Preschool?**

**8. What do you hope your child will gain from attending Faith Preschool?**

**9. Please list any other information you feel may be helpful for the teachers to know.**

## Faith Preschool Emergency Information Form

Quakertown United Methodist Church 1875 Freier Road Quakertown, PA 18951

Registrarfps@gmail.com 215-536-8172

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Emergency Contact if parent/guardian cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Who is authorized to pick up the child? (Please list all persons, including parent/guardian names.)

Is there anyone who may NOT pick up the child?

If yes, is there a court order to this effect?

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (cont.)

## Emergency Medical Release

In the event of an illness or accident, which requires immediate emergency medical treatment for my child \_\_\_\_\_, I understand that Faith Preschool will summon emergency personnel and attempt to contact me, or as backup, other individuals that I have so designated. Faith Preschool will share the information from this form with emergency personnel.

Pennsylvania state law requires consent be given before medical or healthcare services may be rendered to a minor except, where in the judgment of the physician, an attempt to secure such consent would result in the delay of treatment which would create a risk to the minor's life or health.

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

If Faith Preschool and the physician/hospital are unsuccessful in contacting me or my alternative designees, I give consent to Faith Preschool to authorize treatment if a delay in treatment, in the judgment of the physician, would create a risk to my child's life or health. (Providing this consent is optional.)

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

### Emergency Information:

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Known Allergies:

Other Known Conditions or Special Needs of Child: Please list any services being received.

Health Insurance Provider and Policy #:

Preferred Hospital:

Date of Last Physical Examination:

# Faith Preschool Tuition Policy

Faith Preschool makes every effort to provide an affordable, quality, Christian centered education to our students. All of the school's income comes from student tuition and fees. The school cannot fulfill our mission to the children and families or provide fundamental school operations, unless the obligations of every student are met in a timely manner.

**Tuition is not credited for sessions missed. In cases of extended absence, tuition will still be required.**

**Tuition payment #1 is due by August 1st. Tuition payments #2-#10 are due by the 10th of the month.** Any payments not collected by the Office Manager by the 10th of the month will be considered late.

If the 10th of the month falls on the weekend, payments are due the Friday prior. Tuition checks will be cashed in a timely manner and not held longer than 7 days past the tuition due date. Tuition checks that are paid late may be held longer than 7 days before cashing them.

**If you are unable to pay tuition on time you must contact the Office Manager at (faithpreschoolofficemanager@gmail.com) or (215-536-8172) by the 10th of the month, in order to avoid the following late fees and penalties.** All late fees and actions will be waived as long as you can specify when you expect to make your monthly tuition payment and that you fulfill your new tuition payment commitment date.

**If you do not contact the office manager the following fees and penalties will apply:**

- **1st time late:** Every family gets a one time grace with no late fees.
- **2nd time late:** A **\$25 late fee** will apply.
- **3rd time late:** A **\$25 late fee** will apply and **the student will not be allowed back in class until payment in full or a meaningful payment is made.**
- **Regardless of offense count:** If tuition is over **one month** late then you will be contacted by the Office Manager to inform you that your child cannot return to class unless **meaningful payment** has been made. Additionally, those that are one month late cannot register for Lunch Bunch, Camps, or participate in Priority Registration Night.

**Payments can be made in the following ways:** (check, money order, or in cash with receipt from the office manager).

**Payments can be given in the following ways:**

- Deposited into the locked box located on the office door of Faith Preschool.
- Mailed to Faith Preschool, 1875 Freier Road, Quakertown, PA 18951.

**Please return the below form with the registration forms. Thank you.**

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Your signature below acknowledges that you have received the Tuition Policy guidelines and accept the conditions of the Faith Preschool Board.

Student's Name \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date