



ASBURY PRESCHOOL
1533 Springhouse Road * Allentown PA 18104
Phone: 610-481-0242
Email: Preschool@AsburyLV.org
Website: www.AsburyPreschool.org



PRESCHOOL ENROLLMENT FORM (2024-2025)

PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES OF REGISTRATION FORM

Church Member: Yes No

Today's date: _____ Child's Birthday: _____

Gender: Male Female

Child's name: _____ Nickname: _____

Home address: _____
(Street) (City) PA (State) (Zip code)

Mom's Cell: _____ Dad's Cell: _____

Email: _____ Dad's email: _____

MOTHER or GUARDIAN	FATHER or GUARDIAN
Name _____	Name _____
Address if different from child's: _____	Address if different from child's: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Work Phone _____	Work Phone _____
Child lives with: Mother Father Both Grandparent Guardian Other: _____	
Marital status: Married Divorced Separated Single Living together	
*If divorced, any special arrangements: _____	
SIBLINGS	
Name _____ Age _____	Name _____ Age _____
Name _____ Age _____	Name _____ Age _____
EMERGENCY CONTACT INFORMATION	
Name (other than guardian) _____ Relationship _____	
Phone _____ Home _____ Cell _____	
Name (other than guardian) _____ Relationship _____	
Phone _____ Home _____ Cell _____	

Over please →

PICKUP AUTHORIZATION	
I authorize these persons to transport my child to or from school, in case of illness, if I cannot be reached or for carpooling reasons:	
_____ Relationship _____	Phone _____
_____ Relationship _____	Phone _____
_____ Relationship _____	Phone _____
_____ Relationship _____	Phone _____

What should we know that might affect your child's physical or emotional well-being such as illness, accident, hearing loss, allergies, diet restrictions, etc.

Does your child receive early intervention services or any private therapist for speech, OT, or behavior? No Yes *IEP

Does your child require a TSS in the classroom? Yes No *Please provide a copy of the evaluation and IEP.

Child is presently:	not attending a preschool program in a 3-year-old class	attending Bright Beginnings in a 4-year-old class	Attending a program in another location
---------------------	--	--	--

All AM classes begin at 8:55 a.m. and dismiss at 11:55 a.m. PM classes begin at 12:30 p.m. and dismiss at 3:00 p.m. All classes contingent upon reaching a minimum number of enrollees. Please enroll our child in the following class (choose one):

AGE GROUP	CLASS	TUITION	CHECK
3 Year Old	2 DAYS – Tuesday and Thursday	\$170/month (\$1615.00/year) + fees	
3 Year Old	3 DAYS – Monday, Tuesday and Thursday	\$210/month (\$1995.00/year) + fees	
3 Year Old	3 DAYS – Monday, Wednesday and Friday	\$210/month (\$1995.00/year) + fees	
4 Year Old	3 DAYS – Monday, Tuesday and Thursday	\$210/month (\$1995.00/year) + fees	
4 Year Old	3 DAYS – Monday, Tuesday and Thursday PM	\$200/month (\$1900.00/year) + fees	
4 Year Old	4 DAYS – Monday through Thursday	\$240/month (\$2280.00/year) + fees	
5 Year Old	4 DAYS – Monday through Thursday	\$240/month (\$2280.00/year) + fees	
5 Year Old	5 DAYS – Monday through Friday	\$260/month (\$2470.00/year) + fees	

Please make checks payable to ASBURY UMC or pay online at www.AsburyLV.org. On the homepage, select GIVE and follow the prompts for online payment. Choose ASBURY PRESCHOOL and BRIGHT BEGINNINGS REGISTRATION as the designated fund!

In agreeing to accept your child, Asbury Preschool has accepted, as true, all statements made on this registration form. If this representation is inaccurate, or is found to be inaccurate, Asbury Preschool reserves the right to remove your child from the program.

Date _____

Office Use Only:
Paid: _____
Online _____ Cash _____
Check No.: _____

Asbury Preschool admits students of any race, color, and national or ethnic origin.