



ASBURY PRESCHOOL

1533 Springhouse Road * Allentown PA 18104

Phone: 610-481-0242

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PRESCHOOL ENROLLMENT FORM (2026-27)

PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES OF REGISTRATION FORM

Today's Date: _____ Child's Birth date: _____ Child's Gender: Male Female

Child's Name: _____ Nickname: _____

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

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

Mom's 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, special arrangements: _____

SIBLINGS

Name _____ Age _____	Name _____ Age _____
Name _____ Age _____	Name _____ Age _____

EMERGENCY CONTACT INFORMATION

Name (other than guardian) _____ Relationship _____

Phone _____ home cell work

Name (other than guardian) _____ Relationship _____

Phone _____ home cell work

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 _____

Does your child have any fears, habits, experiences about which you would like us to know? _____

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

It is our policy that children to be potty trained and show signs of independence using the bathroom.
 Is your child fully potty trained? Yes No Wearing: Pullups Underwear

Does your child have any special needs? _____

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

If yes, please explain services received: _____

Does your child require a BSS in the classroom? (Asbury Preschool does not provide support staff.) No Yes

Is English the primary language spoken at home? Yes No. If no, what is the primary language? _____

Child is presently attending: Bright Beginnings 3-year-old class 4-year-old class another preschool

**All AM classes begin at 9:00 AM and finish at 12:00 PM. Afternoon classes begin at 12:30 PM and dismiss at 3:00 PM.
 Classes are contingent upon reaching a minimum number of students. Please enroll our child in the following class (choose one):**

AGE GROUP	CLASS	TUITION	CHECK
3 Year Old	2 DAYS – Tuesday and Thursday	\$190/month (\$1805.00/year) + fees	
3 Year Old	3 DAYS – Monday, Tuesday and Thursday	\$235/month (\$2232.50/year) + fees	
3 Year Old	3 DAYS – Monday, Wednesday and Friday	\$235/month (\$2232.50/year) + fees	
4 Year Old	3 DAYS – Monday, Tuesday and Thursday	\$235/month (\$2232.50/year) + fees	
4 Year Old	3 DAYS – Monday, Tuesday and Thursday PM	\$225/month (\$2137.50/year) + fees	
4 Year Old	4 DAYS – Monday through Thursday	\$270/month (\$2565.00/year) + fees	
5 Year Old	4 DAYS – Monday through Thursday	\$270/month (\$2565.00/year) + fees	
5 Year Old	5 DAYS – Monday through Friday	\$290/month (\$2755.00/year) + fees	

A \$75 NON-REFUNDABLE ENROLLMENT FEE MUST BE MADE TO ENSURE PLACEMENT IN OUR PROGRAM.

Payment can be made in cash, by check (payable to ASBURY UMC) or online at www.AsburyLV.org. On the homepage, select GIVE and follow the prompts for online payments. Choose PRESCHOOL & BB REGISTRATION as the designated fund to ensure proper credit!

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.

 Signature of Parent/Guardian

 Date

FOR OFFICE USE ONLY	
Enrollment fee paid by:	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
<input type="checkbox"/> Online payment	
Amount \$ _____	
Date _____	
Rec'd by: <i>Karen Bowenmaster</i>	

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