



## 2024-2025 Application

Child's Name: \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
mm/dd/yyyy

Does your child have allergies or conditions that require medication?  Yes  No  
If yes, please explain: \_\_\_\_\_

### Select all that Apply:

Current Student \_\_\_ Sibling of Current Student \_\_\_ Sibling of Alumni \_\_\_ Church Member \_\_\_ New \_\_\_

### Parent Information:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

### Select Program Preference:

If there are multiple options, please list order of preference by listing 1<sup>st</sup>, 2<sup>nd</sup>, etc.

<b><u>2-Year-Old Program</u></b>	<b><u>3-Year-Old Program</u></b>	<b><u>4-Year-Old Program</u></b>
For children with birthdates between 10/1/21-9/30/22. 2-year-olds do NOT need to be toilet-trained.	For children with birthdates between 10/1/20-9/30/21 All 3-year-olds MUST be toilet-trained.	For children with birthdates between 10/1/19-9/30/20. All 4-year-olds MUST be toilet-trained.
2 Day (Tue/Thur) _____ 2 Day (Wed/Fri) _____	3 Day (days TBD) _____ 4 Day (Tue – Fri) _____ 5 Day (Mon – Fri) _____	4 Day (Tue - Fri) _____ 5 Day (Mon – Fri) _____

### Monthly Tuition Rates: 2 Day \$280; 3 Day \$360; 4 Day \$420; 5 Day \$490

Siblings receive a 10% discount.

Submitting this application does not guarantee placement in the HUMC Preschool Program. Priority registration will be given to currently enrolled students, alumni families, and church members. Once classroom placements are assigned, an email will be sent informing you of your child's program.

Families of enrolled students, alumni families, and church members should return this form no later than January 26<sup>th</sup> to receive priority placement. Placement for other families will begin on February 2<sup>nd</sup>. We will continue to accept application forms throughout the year and place children until all classes are full.

**A non-refundable \$100 fee is due with this form – checks payable to HUMCP**

Parent Signature	Printed Name	Date
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