



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, 2025. Make all checks payable to NRUM Preschool.
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 28thCurrent students
Wednesday, January 29th.Siblings of current students & NRUMC church members
Thursday, January 30thSiblings 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, 2025. 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: Check # _____
Amount _____ Date _____

REGISTRATION FORM - Page 1

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, 2025.**

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 an administrative fee and does NOT count towards tuition.*

2 days: **\$280** 3 days: **\$335** 4 days: **\$410** 5 days: **\$440**

*****Make checks payable to NRUM Preschool*****

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

Child’s Date of Birth: ____/____/____ **Age on 8/31/2025:** _____ **Circle:** Male Female

Home Address: _____ **City:** _____ **Zip:** _____

Mother’s Name: _____ / _____
 Preferred Phone

 Mother’s Employer Email Address

Father’s Name: _____ / _____
 Preferred Phone

 Father’s Employer 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, 2025 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 I must provide additional medical and emergency forms and proof of immunizations by September 2nd and we **DO NOT** accept any religious or NC exemptions for immunizations.
- I understand that my child must be completely potty trained upon entering the 3's or older classes.
- Finally, I agree to the permissions, releases and authorizations as indicated above on this application.

Parent/Guardian Signature _____ Date: _____



Children's Medical Report and Immunizations

8501 Honeycutt Rd
Raleigh, NC 27615
(919) 870-6616

***This form does NOT need to be turned in with registration
However it must be completed by the beginning of the school year.
Immunization documentation and exam dates must be after 8/31/2024.***

Name of Child: _____ Age: _____ Child's Birthdate: _____
Name of Parent or Guardian: _____

Medical History: to be completed by parent or guardian

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____
2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____
3. Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____
4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___ diabetes? No ___ Yes ___ convulsions?
No ___ Yes ___ heart trouble? No ___ Yes ___ asthma? No ___ Yes ___ other, what/when?

1. Does the child have any physical disabilities? No ___ Yes ___ If yes, please describe:

2. Any mental disabilities? No ___ Yes ___ If yes, please describe: _____

** Signature of Parent or Guardian _____ Date _____

Physical Examination - Information listed below must be completed and signed by your child's physician.
A pediatrician well check form signed by the doctor can be submitted in lieu of this form.

Weight: _____ % Height: _____ % HEENT: _____ Heart: _____
Lungs: _____ Abd: _____ GU: _____ Ext: _____ Skin: _____
Teeth: _____ Neuro: _____
Results of PPD, if indicated: _____
Recommendations: _____

Print name of Physician or authorized agent _____ Signature of Physician or authorized agent _____ Date of Physical Exam
must be after 8/31/24

Office Address _____ Office Phone Number _____

Please attach a copy of your child's immunization records to this medical form.
All medical forms and immunization records must be turned in by
SEPTEMBER 2nd 2025.

preschool@numc.org

NRUM Preschool
8501 Honeycutt Rd.
Raleigh, NC 27615
919-870-6616