



Christ United Methodist Preschool

700 S. Main Street, Baltimore, OH 43105
Email: preschool@christum-baltimore.com
Phone: 740-862-4343
Fax: 740-862-6163



REGISTRATION FORM

2024-2025

Preschool Classes – for ages 3 turning 4. Must be 3 by August 1st

- ☐ AM class: 9:00 - 11:30 held three days a week on T/W/TR. \$1,674/yr. or \$186 x 9 payments
☐ PM class 12:30 – 3:00 held three days a week on T/W/TR. \$1,674/yr. or \$186 x 9 payments

Pre-Kindergarten Classes – Must be 4 by August 1st.

- ☐ Full Day: 9:00 - 3:00 held four days a week M/T/W/TR; \$3,154/yr. or \$351 x 9 payments
☐ Half Day: 9:00 -11:30 held four days a week on M/T/W/TR; \$2,138/yr. or \$238 x 9 payments

\$100 Registration fee (non-refundable) must accompany registration form. Please PRINT clearly.
Checks should be made payable to *Christ U.M. Preschool*

Child's Name _____ Sex _____ Date of Birth _____

Address _____

City _____ Zip _____



Name you wish your child to use at school if differs from above.
Ex: "Liz" for Elizabeth, "Jake" for Jacob, Abby for Abigail.

Parent/Guardian #1 Name _____ Phone _____

Parent/Guardian #1 Address _____

Parent/Guardian #2 Name _____ Phone _____

Parent/Guardian #2 Address _____

Primary email address(es) to use
for communication with the Preschool _____

The undersigned agrees and understands that the registration fee is non-refundable, that children need to be potty-trained before attending, and that the Preschool will be contacting them via email regarding child placement and necessary enrollment forms early this summer.

(Signature) Date: _____

For office use only:

Date paid:	Amount: \$
Method of payment: [] Cash [] CK#	
Initials of Person Accepting Registration:	
Receipt #	

Church Member	1305
Previously Enrolled	1234
New Student	M-Exp DB
DVR-Auth	PRO-Rel

New Family Referred By: