DEAR PARENTS,

These are the papers you will need to enroll your child in the Rittman United Methodist Preschool for the 2021-2022 school year. These papers should be returned immediately with the exception of the child's medical form, which we realize will take a little time to arrange. All papers, including the medical form must be returned by the first day of school in September.

REGISTRATION FORM

Return registration form with registration fee. At that time, your child's name will be put on the school's enrollment list. Send forms to: R.U.M.C. Preschool, 211 North Metzger, Rittman, Ohio 44270. For more information, call the church at 330-925-4015 Monday - Thursday between the hours of 8:30am – 1:30pm.

EMERGENCY MEDICAL FORM

Please put name and business address of both working parents. Only a parent or guardian can sign the Emergency Medical Forms. Grandparents or babysitters are not legally acceptable.

MEDICAL FORM

The Doctor must sign the medical form, not a nurse. This form must be good for one school year, beginning September 2021 through May 2022. This is a State requirement. This form must be returned no later than the first day of school - September 14, 2021.

REGISTRATION FOR SCHOOL

Registration starts in March for the following school year.

3 day school Fees

3-6 year olds \$30.00 registration (non-refundable)*

Tues-Wed-Thurs. \$95.00 monthly tuition

9:00-11:30 am

Get acquainted day - September 14, 2021 Regular school begins - September 15, 2021

Open House for all parents will be September 12, 2021 (Sunday) at 2:00pm. A letter will be sent the week before to remind parents.

Get Acquainted Day - A parent or child-care provider will stay with the child for 15-20 minutes. At that time they are through for the day and free to go home.

Rittman United Methodist Preschool 211 N. Metzger Ave. Rittman, OH 44270 330-925-4015

REGISTRATION FORM

Child's Name	(LAST)		(FIRST)		(Male) _	(Female)
Birthday		Year				
Address						
	(CITY)			(ZIP)		
Home Phone						
Work Phone			_ (Father)			(Name)
Father's Place of En	nployment					
Address:						
Mother's Place of E	mployment					
Address:						
CHILD, PLEASE	BLE TO REACH YO GIVE US THE NA	MES OF AT LEA	AST TWO (2)	RESPONSIBLE	PERSONS	O CALL.
Name			P	hone		
Name			P	hone		
Please list names a		2.				
Name			Age _		_	
Name			Age _		_	
Name			Age _			

We have an open door policy at our school for visitors. If there is anyone you do not want to visit your child at school please notify the school.

Please attach Registration Fee. School information book will be given at the Open House in September. We also STRONGLY SUGGEST THE IMPORTANCE OF AT LEAST ONE PARENT ATTENDING THE OPEN HOUSE. THANK YOU.

TRANSPORTATION FORM

My child	
is to be transported to and from Pre-school by:	
1	
Address:	
Phone:	
Relationship:	
2	
Address:	
Phone:	
Relationship:	
3	
Address:	
Phone:	
Relationship:	
Signed:	