



Little Hands Preschool

Registration Form

2026 - 2027



4-year-old Preschool

- ☐ 5 Days/week
☐ Mon/Wed/Fri
☐ Tues/Thurs/Fri

3-year-old Preschool

- ☐ Mon/Wed
☐ Tues/Thurs

2-year-old Play group

- ☐ Tues/Thurs

CHILD'S INFORMATION

Name: _____ DOB: _____

Street Address: _____

City: _____ Zip: _____ Home Phone: _____

School District: _____

Kindergarten Preference: (Public, Private, Homeschool, etc.): _____

MOTHER'S (or Guardian) INFORMATION

Name: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Work Phone: _____

E-Mail Address: _____

☐ Check box to have this email & phone number included in a parent contact info exchange for other parents of enrolled students.

FATHER'S (or Guardian) INFORMATION

Name: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Work Phone: _____

E-Mail Address: _____

☐ Check box to have this email & phone number included in a parent contact info exchange for other parents of enrolled students.

***How did you *originally* hear about Little Hands:** ____ Facebook ____ Sign in church yard

Referral by friend/family: _____ Other: _____
(Who?) (please specify)

Other Children Living at Home:

Name:	Relationship:	Birthdate:
Name:	Relationship:	Birthdate:
Name:	Relationship:	Birthdate:
Name:	Relationship:	Birthdate:

FINANCIAL AGREEMENT

I agree to pay the full tuition amount on or before September 15 to receive the 5% discount or pay monthly payments.

4 year old preschool - 5 Days/week - \$2025 (\$1923.75 w/ discount) or \$225 per month

4 year old preschool - 3 Days/week - \$1575 (\$1496.25 w/ discount) or \$175 per month

3 year old preschool - \$1305 (\$1239.75 w/ discount) or \$145 per month

2 year old playgroup - \$1215 (\$1154.25 w/ discount) or \$135 per month

I understand that the \$30.00 registration fee is not part of the total tuition amount and is non-refundable. As stated in the Little Hands Preschool Handbook, a \$25.00 late fee will be charged for any tuition payments more than 10 days past due.

Signature: _____ Date: _____

RELEASE INFORMATION

My child may be released to the following people (other than parents)

Name: _____ Relationship: _____

Work Phone: _____ Personal Phone: _____

Name: _____ Relationship: _____

Work Phone: _____ Personal Phone: _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone: _____

Hospital Affiliation: _____

Insurance Carrier: _____ Policy #: _____

Dentist's Name: _____ Phone: _____

Allergies: _____

ADD/ADHD: ☐ Yes ☐ No Other behavioral issues: _____

Special food/activity instructions: _____

EMERGENCY INFORMATION

In the event that we cannot reach mother, father, or guardian listed above, please list the persons we may call:

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

RELEASE PERMISSION

I, the undersigned, hereby enroll my child in the Little Hands Preschool (LHP) beginning in the fall of 2026. It is understood that Little Hands Preschool assumes responsibility for my child's well-being during the hours of care and will make every effort to contact the parent should any type of emergency arise. I agree that in case of accident or injury, emergency medical care may be given in the event that I (or designated persons) cannot be reached. I also give consent for my child to take part in field trips or excursions away from the facility under the supervision of the LHP staff. *Because LHP staff have obligations outside of their time commitment to my child during the program time, I understand that late pick-up fees may be charged.*

Signature: _____ Date: _____

PHOTOGRAPH PERMISSION

___ I give my permission for my child's picture to be taken and used in publicity about Little Hands Preschool (no names will be used) – including Facebook/Instagram, website and/or local Pennysaver.

Signature: _____ Date: _____

- **Please return complete form with \$30 Registration Fee to:**

Little Hands Preschool
Bergen United Methodist Church
PO Box 216
Bergen NY 14416

(Please make checks payable to BUMC – "Little Hands" in the memo line.)