canfield united methodist preschool

27 S. Broad Street | Canfield, Ohio | 44406
330-533-9802 | preschool@canfieldumc.org

REGISTRATION 2026-2027

PARENT/GUARDIAN NAME:	**PHONE NUMBER:**
ADDRESS:	E-MAIL:

LITTLE LEARNERS

Child must be 2 years, 0 months by August 1, 2026

CHILD'S NAME	**D.O.B.**

Preferred Day:
Number Preference
Preferred Day is not guaranteed.

_____ Tuesday 9:00 AM
_____ Tuesday 10:30 AM
_____ Wednesday 9:00 AM
_____ Wednesday 10:30 AM

T/TH Preschool

Child must be 3 years, 0 months by August 1, 2026 and toilet-independent

CHILD'S NAME	**D.O.B.**

M/W/F Preschool

Child must be 4 years, 0 months by August 1, 2026

CHILD'S NAME	**D.O.B.**

Pre-Kindergarten

Child must be 4 years, 6 months by August 1, 2026 and completed one year of preschool

CHILD'S NAME	**D.O.B.**

*Monthly Tuition is subject to change prior to the start of school.

Registration is $50 and may be paid at time of registration by Cash/Check made payable to Canfield UMC Preschool.

Parent/Guardian Signature: _____ **Date:** _____

Date received by Administrator: _____

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If your child is entering our **Little Learners Program**, please initial below indicating your understanding:

_____ I am aware that an adult must be present with each child and fully engage in activities.

_____ I am aware that the teacher plans/introduces/guides appropriate activities with deliberate focus to the child. This time will be PHONE-FREE.

_____ I understand that participation does not guarantee registration into the Preschool Program.

If your child is entering our **Preschool or Pre-Kindergarten Program**, please initial below indicating your understanding:

_____ I am aware that the preschool has Chapel twice a month in the Sanctuary where children learn about Jesus and God, and help the community through Operation Blessing.

_____ I am aware that it is required to participate in the snack program and send a healthy snack each day. I will not send peanuts or tree-nuts.

_____ I am aware that my child needs to be fully toilet-independent prior to the first day of school.

Tuition may be paid in August with the $100 Supply Fee, or paid monthly via Brightwheel, cash or check made payable to Canfield UMC Preschool.		
		ANNUAL TUITION
Little Learners	1 hour, once a week	$567.00
Tuesday/Thursday Preschool	9:00 AM - 12:00 PM	$1800.00
Monday/Wednesday/Friday Preschool	9:00 AM - 12:00 PM	$2070.00
Monday-Thursday Pre-Kindergarten	9:00 AM - 12:00 PM	$2700.00

Each child is enrolled as registration is received. Spots are not guaranteed based on prior enrollment. By registering for an opening, you are agreeing to pay for that spot regardless of attendance. If circumstances change and you no longer require your spot in the program, you will notify the administrator immediately.



Thank you for coming to visit Canfield United Methodist Preschool! Here, it is our mission to provide a loving and secure environment, positive guidance, and to assist families with the education of their child, to fulfill God's purpose for their lives.

Our philosophy is to work diligently to provide the very best care and opportunities for your children. We teach using developmentally appropriate practices. Our preschool program is based on the individual goals parents have for their child, the domains of learning, the State of Ohio Early Learning Development Standards and Kindergarten readiness skills.

Our classrooms are organized into centers with rotating materials that allow the children to be exposed to academic themes and wide-ranging knowledge of our world. We teach using the Creative Curriculum, designed to help children become curious and enthusiastic learners in preparation for life-long learning.

Our program offers small class sizes for children ages 2 years through 5 years. We align with Canfield Local Schools and follow their calendar.

Little Learners	Tuesday or Wednesday	9:00 or 10:30 am	2y, 0m by August 1
2 Day Preschool	Tuesday & Thursday	9:00-12:00 pm	3y, 0m by August 1
3 Day Preschool	Monday, Wednesday & Friday	9:00-12:00 pm	4y, 0m by August 1
Pre-Kindergarten	Monday - Thursday	9:00-12:00 pm	4y, 6m by August 1

Program Features

- Small class sizes with individualized instruction
- Alarge indoor gross motor room
- Aspacious outdoor playground
- Programs that exceed Ohio state standards
- Aschool year running September through May, following the Canfield Local Schools calendar

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PreschoolPrograms

Little Learners (Age 2)

Offered Tuesday or Wednesday mornings for children who are 2 years old by August 1.
This is a "grown-up and me" class that meets one hour, one day per week. Children experience preschool in a nurturing environment with a trusted adult nearby, helping them transition confidently into independent preschool the following year.

Tuesday/Thursday Preschool (Age 3)

Meets from 9:00–12:00 for children who are 3 years old and toilet-independent by August 1.
This program introduces children to a structured preschool setting while encouraging independence. Instruction focuses on foundational skills and learning through play.

Monday/Wednesday/Friday Preschool (Age 4)

Meets from 9:00–12:00 for children who are 4 years old by August 1.
This class strengthens academic and social foundations and prepares children for kindergarten through age-appropriate, play-based learning that allows each child to progress at their own pace.

Pre-Kindergarten Program

Offered Monday through Thursday, 9:00–12:00, for children who are not yet ready for kindergarten.
This program is similar to the 3-day preschool schedule but is tailored to meet the specific needs of the class, further supporting kindergarten readiness.

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CHILD'S NAME	D.O.B.
TEACHER/CLASSROOM	

APPROVED PICKUP AND EMERGENCY CONTACTS

Please list parents first and then 2 additional contacts in an emergency. If more pickup contacts are needed, use the back of this form.

CONTACT NAME	NUMBER	RELATIONSHIP
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PHOTO PERMISSION

While at school, photos and videos may be taken of your children. These pictures and videos may be used for promotional or educational purposes as well as shared on social media. We do share daily photos on our closed app; Brightwheel.
Please mark the correct box that corresponds to your child.

	My child may have photos/videos taken for the closed app - Brightwheel - ONLY.
	My child may have photos/videos taken for Brightwheel and may be used for social media too.
	My child MAY NOT have their photo/video taken for any reason.

SCHOOL DIRECTORY

The directory will be distributed to all preschool families. It will include the child's name, number and email. The intention of this directory is to allow families the opportunity to get together outside of preschool. Please check the appropriate box below and return this form on the first day.

	YES! Please include our information on the school directory.

PARENT NAME	PARENT PHONE NO.
PARENT E-MAIL	

	No thank you, we wish to remain off the directory.

Ohio Department of Children and Youth

CHILD ENROLLMENTFORMFOREARLYCAREANDEDUCATION PROGRAMS

Parents: Completethisform or anelectronic version inits entiretypriorto the child'sfirstdayof attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

Child'sName	DateofBirth	First Day at Program	
Address			
City	State	ZipCode	

Parent#1 Name	Parent#1 Phone Number		
Parent#1 Address ☐Same as Child's	City	State	ZipCode
Parent#1 Email Address (if applicable)	Parent#1 Cell Phone (if applicable)		
Parent#1 Work/School Name (if applicable)	Parent#1 Work/School Phone Number (if applicable)		

Check here if Not Applicable ☐ Parent#2 Name	Parent#2 Phone Number		
Parent#2 Address ☐Same as Child's	City	State	ZipCode
Parent#2 Email Address (if applicable)	Parent#2 Cell Phone (if applicable)		
Parent#2 Work/School Name (if applicable)	Parent#2 Work/School Phone Number (if applicable)		

Primary Emergency Contact #1 Name (cannot be parent/guardian)	Check here if Not Applicable ☐ Optional Emergency Contact #2 Name (cannot be parent/guardian)
Primary Emergency Contact #1 Phone Number	Optional Emergency Contact #2 Phone Number
Primary Emergency Contact #1 Other number or email address for emergency contact *(if applicable)*	Optional Emergency Contact #2 Other number or email address for emergency contact *(if applicable)*
My child may be released to this emergency contact	Optional My child may be released to this emergency contact
☐ Yes ☐ No	☐ Yes ☐ No

Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication?

☐ Yes (complete or provide a Health Care Plan, documentation from a licensed physician, or an electronic equivalent)
☐ No

Child'sName	DateofBirth

Information on my child's development: (personal, behavior, patterns, habits, and individual needs,etc.)

☐ N/A

Thefollowing accommodation(s) may be helpful to most effectively meet my child's needs while at the program:

☐ N/A

Mychildwill receive specialized/individual services at the program:

☐ Yes
☐ No

Nameofservice provider(s) and frequency

☐ N/A

Emergency Transportation Authorization

☐ **Theprogram has permission** to secure emergency transportation for my child in the event of an illness or injury which requiresemergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

☐ **The program does not have permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:

SIGNATURE

This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.

Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures

By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook).

ParentSignature	Date

Program Acknowledgement of Completion

Bysigning this form, I attest that I have reviewed for completeness and that this form has beensigned by the parent/guardian. This form is to be completed prior to the child receiving care.

Program Administrator/Designee Signature			Date
Parent/Guardian Initials	Dateof Review	Administrator/Designee Initials	Dateof Review
Parent/Guardian Initials	Dateof Review	Administrator/Designee Initials	Dateof Review
Parent/Guardian Initials	Dateof Review	Administrator/Designee Initials	Dateof Review

Ohio Department of Children and Youth

ROUTINE TRIP PERMISSION FOR CHILD CARE

Routine Trip Information

RoutineTrip Destination(s)

Church Building & Property

DateofPermission *(valid for one year)* September 8, 2027

ModeofTransportation (*walking, school bus, public transportation, parent vehicles, provider vehicle and driver)*

Walking

During this trip children will have access to water that is 18 inches or more in depth.

☐ Yes ■ No

Are water activities planned in water that is 18 inches or more in depth? ☐ Yes ■ No
(if yes, a swimming permission slip is required)

Child's Information

Child'sName

My childis

☐ not over 4 years and/or 40 lbs ☐ over 4 years and 40 lbs ☐ 8 years and/or over 4' 9"

Signature

I grant permission for my child to participate in the routine trips described above.

Parent'sSignature	Date 9/8/27

Reset Form

Enrollment/Tuition Agreement
Preschool 2027-2028

Little Learners	T/TH Preschool	M/W/F Preschool	Pre-Kindergarten
900-10:00/10:30-11:30	9:00-12:00	9:00-12:00	9:00-12:00

Monthly Tuition is due on the 1st of each month. Registration fee is due at the time of signing up and an annual supply fee is due with the first month payment. Payment may be made in cash, check or electronically through Brightwheel.

Tuition and Fees

AnnualTuitionincludes the supply fee.

Class	AnnualTuition	Supply Fee	Initial Payment	MonthlyPayment
Little Learners	$667..00	$100.00	$163.00	$63.00
T/Th Preschool	$1900.00	$100.00	$300.00	$200.00
M/W/F Preschool	$2170.00	$100.00	$330.00	$230.00
Pre-Kindergarten	$2700.00	$100.00	$400.00	$300.00

Child and Financially Responsible Party Information

Family (Last) Name: _____ Child's Name: _____

Address: _____ City: _____ State: _____

Tuition Payment Method

_____ I/We choose to pay the annual tuition in a **single payment** due in September, 2027.

_____I/We choose to pay the annual tuition in **monthly payments** in accordance with the following:

- The initial payment is due in September, 2027.
- Monthly payments are due by the **1st** of each month.
- Monthly payments must be received by the **7th** of each month to avoid late fees.

Signatures

Thiscontract constitutes an agreement between the Canfield United Methodist Church Preschool and the parent(s)/guardian(s) of the child attending the Preschool. The parent(s)/guardian(s) agree to fulfill all financial obligations herein set forth, and in return, the Preschool agrees to provide the child with educational and other appropriate services during the school year specified. The Preschool Board reserves the right to pursue any and all legal actions with respect to failure of the parent(s)/guardian(s) to fulfill the financial obligations of this contract. The Preschool Board must approve changes to this contract, and all parties must sign a new contract.

_____ _____

Parent/Guardian Date

_____ _____

Administrator, Canfield United Methodist Preschool Date

Ohio Department of Job and Family Services

CHILD MEDICALSTATEMENTFORCHILD CARE

Child's Name *(print or type)*	Date of Birth

Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):

Section A- EXAMINATION

√ The above named child has been examined.

√ Theabovenamedchildisinsuitableconditionforparticipationingroupcare(i.e.freeofinfectiousdisease, mentally and physically fit to be in group care).

√ TheabovenamedchilddoesnothaveallergiesORisallergictothefollowing(*please list in space below)*

Check below, if applicable:

☐ Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.

Optional:Measurements andRecommendedAssessments/Screenings

Height _____ Vision _____ ☐ Yes ☐ No Lead _____ ☐ Yes ☐ No

Weight _____ Hearing _____ ☐ Yes ☐ No Hemoglobin _____ ☐ Yes ☐ No

BMI _____ Dental _____ ☐ Yes ☐ No Other: _____

Notes:

Signature of Examining Health Care Practitioner	Date of Examination
Name of Examining Health Care Practitioner	Telephone Number
Street Address	City, State and Zip Code

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (*Complete ONLY ONE SECTION below)*

Section5104.014 oftheOhioRevised Coderequiresimmunizationsagainstthefollowingdiseases:

Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella andTetanus.

Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: ☐ The abovenamedchildhasbeenimmunizedagainstthediseases listed above. *If an immunization ismedicallycontraindicatedor not medicallyappropriate for thechild's age, note any exceptions by listing the specific immunization(s):*	**InitialsofExaminingHealthCarePractitioner**
	Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): ☐ Ihavedeclined tohave mychild immunized forreasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	**Signature of Parent**
	Date