



H.U.M.
Christian
Preschool
730 Howland Wilson Road NE
Warren, OH 44484

Phone: 330-856-3463

E-mail: humchristianpreschool@howlandumc.com

Fax: 330-856-7037

Web: howlandumc.com

Please Note:

When the preschool receives your completed application and non-refundable registration fee of \$150, your child's name will be placed on our class list, if room is available (sibling registration is \$125 for each additional child).

The \$150 registration fee will not be collected unless there is an opening for your child. Your child will be added to a waitlist, and the registration fee will be due and collected when there is an opening.

Classes start Wednesday, September 4th, 2024

Available Classes

½ day Threes (3 days)

AM (9:00-11:30)

PM (12:45-3:15)

-Tues, Weds, Thurs

-Must turn 3 by

August 31, 2024

\$140/month

½ day Fours - Pre K (3 days)

AM (9:00-11:30)

PM (12:45-3:15)

-Tues, Weds, Thurs

-Must turn 4 by

August 31, 2024

\$140/month

All day 3 day Pre K

9:00-3:15

-Tues, Weds, Thurs

-Must turn 4 by

August 31, 2024

\$295/month

All day 4 day Pre K

9:00-3:15

-Mon, Tues, Weds, Thurs

-Must turn 4 by

July 31, 2024

-**and** plan on attending

kindergarten Fall of 2025

\$335/month

Class: **AM ½ day Threes**

PM ½ day Threes

AM ½ day Fours-Pre K

PM ½ day Fours-Pre K

All day 3 day Pre K

All day 4 day Pre K

Student Information

Last name _____ First name _____ Middle name _____

Name child will use at preschool _____ Date of birth _____ Sex M or F

Home address _____ Zip code _____

Phone number _____ School district of residence _____

MOTHER/PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION:

Name _____ Phone Number _____

Home Address _____ Zip Code _____

Employer _____ Relationship to Child _____

FATHER/PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION:

Name _____ Phone Number _____

Home Address _____ Zip Code _____

Employer _____ Relationship to Child _____

SIBLINGS

Name _____ Grade/Age _____

Name _____ Grade/Age _____

Name _____ Grade/Age _____

Name _____ Grade/Age _____

How did you learn about our school? _____

**Please bring the completed application and the \$150 (cash or check)
non-refundable application fee to:**

**Howland United Methodist Christian Preschool
730 Howland Wilson Road NE
Warren, OH 44484**

For the use of Howland United Methodist Christian Preschool

Date Application Received _____ Staff Initials _____

Non-refundable Application Fee Check Number _____ Check amount _____

Non-refundable Cash Amount _____ Date Application Acknowledged _____