

REGISTRATION

FALL 2025-SPRING 2026

UCC Preschool mailing address 1506 Browning Pl. Suite 101 Preschool located at 2800 Claflin Rd- Manhattan, KS 66502 Kristi Plummer, Program Director ph: 785-537-2196 Email: preschoolacademy@university.church Web sight:<u>www.uccpa.org</u>

CONTACT INFORMATION:				
Child's full Name:		Birt	hday:	Male Female
Child's nick name if any	Church Affiliation:			
Address:	City:	zip:	Primary em	ail
Primary Phone:		My Child is co	mpletely Potty Trai	ned: Yes No
come first-serve basis. A \$100 . of registration. We offer a 10% reserves the right to cancel class	00 Non-refundable r discount off the regi ses based on insuffic nition amount remain	egistration fee postration fee for continuation fee fee fee fee fee fee fee fee fee fe	er student or \$15 children of active Tuition is due o	
PROGRAM ENROLLMEN	NT FALL 2025		MONTHLY	PAYMENT Aug-May
2.5 YEAR OLD (2 DAY) 9-1:0	0 PM (must be 2.5 ye	ears old by Augu	ıst 31, 2025)	\$215
MON/WED	TUES/THURS			
3-4 YEAR OLD 9-1:00 PM (mg	st be 3 years old and	l potty trained by	y August 31, 202:	5)
MON/WED	TUES/THURS			\$215
TUES/WED/THURS				\$265
4-5 YEAR OLDS (3 DAY Pre-)	X) 9-1:00 PM (must	be 4 years old by	y August 31, 202	5)
TUES/WED/THURS				\$275
4-5 YEAR OLDS (4 day Pre-K)	9-1:00 PM (must be	e 4 years old by	August 31, 2025)	
MON/TUES/WED/THURS				\$330
REGULARLY ENROLLED EXEM	NDED DAY 1-3:00PM	: MUST BE 3 YE.	ARS OLD AND PO	OTTY TRAINED
MON TUES WED _	THURS			\$20 DAILY
I QUALIFY FOR THE 10% MI	LITARY DISCOUN	T OFF THE RE	EGISTRATION F	FEE YES
FOR RETURNING STUDENTS C	NLY: BILL MY REG	ISTRATION FEE	THROUGH BRIG	HTWHEEL YES
Office use only: Da	te Registration Receive	d:	Paid by check #	cash BW
				Military discount: Yes

Parent (Father's) contact Information: for billing purposes~ is this parents' address the same as the child? Y / N					
Father's full Name:	Email address:				
Mobile phone:	☐ contact for emergency pick-up				
Company:	Job Title:				
Parent (Mother's) contact Information: for billing purposes~ is this parents' address the same as the child? Y/N					
Mother's full Name:	Email address:				
Mobile phone:	☐ contact for emergency pick-up				
Company:	Job Title:				
Allergy Information: Does your child have all (Please specify)	How did you hear about UCCPA? In how many years will this student attend Kindergarten? □ 1 yr □ 2 yrs □ 3 yrs □ 4 yrs				
Local Emergency contact: (two contacts other than parents required)					
Name:	Relationship: Phone:				
Name:	Relationship: Phone:				
(Additional contacts can be added by the parent in the child's profile as needed through Brightwheel)					
I understand that the registration fee is non-refundable and must be paid to hold my child's placement until the fall. I also understand that the first full tuition payment is due by August 5 , 2025 to confirm my child's placement . The registration fee will NOT be refunded if the child has been placed in the program and drops out for any reason. We will however, give a full registration refund if we cannot place your child by the first day of classes. Make all registration checks payable to UCCPA, pay with cash or through your brightwheel account if you are a returning family (through BW you will be required to pay the processing fee of .90 cents & a 2.9% fee if using a credit card).					
Signature	Date				