

Drexel Hill United Methodist Nursery School
600 Burmont Road
Drexel Hill, PA 19026
610-259-1444
Email: dhumns@verizon.net

Welcome to the Drexel Hill United Methodist Nursery School! Thank you for choosing our school. We will do our best to provide your child with a positive experience. Below are a few things that you might have some questions about. If your questions are not answered, please do not hesitate to call Tuesday through Friday, 9 a.m. until 11:30 a.m., at 610-259-1444. We can also be reached by email at dhumns@verizon.net.

1. Your child will not be officially enrolled until we have received the registration fee (\$55) and one tuition payment (\$270) credited as June, 2026. September's tuition is due on or before September 1, 2025.
2. If you have any requests regarding room assignments, please make a notation at the top of the registration form.
3. If your plans should change and you do not send your child to our school, please contact us as soon as possible to allow a child on the waiting list the opportunity to begin with the other children.
4. We must have the physical form before your child starts school. When it is completed, please mail it to us and mark it – Attention: Nursery School.
5. Class assignments and school start date will be mailed to you in August.
6. When you have completed the registration form you can mail to:

Drexel Hill United Methodist Church
Attention: Nursery School
600 Burmont Road
Drexel Hill, PA 19026

Denise McCarthy
Jennifer Ryan
Co-Directors

Drexel Hill United Methodist Nursery School
Tuition Contract 2025 – 2026
610-259-1444
Email: dhumns@verizon.net

Parents' Names: _____

Child's Name: _____ Date of Birth: _____

Address: _____

Parent cell phone: _____ email: _____

Parent cell phone: _____ email: _____

Registration Policies

1. The \$55.00 Registration fee is non-refundable. First payment (credited as June, 2026) and the registration fee are to be included with the completed registration forms. June 2026 tuition is non-refundable if you withdraw prior to the start of the school year. September tuition is due on or before September 1, 2025.
2. The yearly tuition payments have been divided into 10 payments of \$270.00 for the 4 day class.
3. Tuition is due as followed by the tuition schedule in the handbook. If not paid by that date, an email will be sent reminding you that your account is past due.
4. Tuition will be considered late if payment is not received by the date on the tuition schedule (in handbook) at which time a late fee of \$25 will be added to your bill.
5. After the first of the following month, if tuition is not paid, services will not be provided to your child.
6. A fee of \$25 will be charged for all checks returned for insufficient funds.
7. Post dated checks will be assessed the late fee if the date of the check is past tuition due date.
8. There are no refunds for school closings due to weather or other problems.
9. There are no refunds for extended absences or any unnotified mid-month withdrawals.
10. It is important that we receive timely payments in order to meet our financial obligations.
11. A late charge of \$1.00 per minute will be charged for repeated lateness when picking up your child from school.
12. If you are having financial difficulties, please contact Denise McCarthy or Jennifer Ryan by phone (610-259-1444) or email dhumns@verizon.net to discuss.
13. **We reserve the right to dismiss a child from our program when extreme behaviorial problems are exhibited in class on a regular basis.**

Cancellation Policies

Once school has started mid-year withdrawals require 15 day written notice to get the last payment refunded.

PLEASE MAKE A COPY FOR YOUR RECORDS

Parents' Signatures: _____ Date: _____

Drexel Hill United Methodist Nursery School Application

Please check one: 3 day program (T, W, TH), 9:00 a.m. – 11:30 a.m.

4 day program (T, W, TH, F) 9:00 a.m. – 11:30 a.m.

Year of enrollment: _____

Date of application: _____

Child's name: _____

Date of birth: _____

Parents' names: _____

Cell phone _____ email: _____

Cell phone: _____ email: _____

Siblings: (names and ages) _____

Family present in home: _____
(adults and children)

Others present in home: _____

How did you hear about the Drexel Hill United Methodist Nursery School? _____

Pediatrician: _____ Phone #: _____

Child's general health since birth: _____

Any recent illnesses: _____ Special Needs: _____

Allergic conditions: _____ Physical restrictions: _____

**Drexel Hill United Methodist Nursery School
Pre-School Development History**

Child's name: _____ Form completed by _____

Is your child taking any medication? _____

Does your child have any allergies? _____

Does your child tire easily? _____

Does your child become easily excited? _____

The child's request word or words for using the bathroom _____

Sleep habits: number of nighttime hours _____ nap _____

Are both parents in good health? _____

Does anyone help you take care of your child on a regular basis? _____

Is your child right or left-handed, or undecided? _____

EMOTIONAL BACKGROUND

What type of discipline works best with your child? _____

How does your child react to babysitters and new people and situations? _____

What kinds of things can your child do by him/herself? (include feeding, dressing, washing hands, using the toilet, etc.)

Do you have behavior problems with your child? _____

How do you handle or prevent them? _____

Are you aware of any fears or anxieties your child has? Explain: _____

Pre-School Development History (page 2)

What previous group experience has your child had and what were his/her reactions? _____

Does your child find it difficult or easy to share possessions with others? _____

Circle the words that best describe your child.

confident	insecure	anxious	responsible
self-reliant	leader	follower	cooperative
loving	fearful		

SOCIAL BACKGROUND

Age of playmates: _____

How does your child get along with other children? _____

In what situation does your child need the most help? _____

Is your child more at home with adults or children? _____

Names and kind of pets in the home? _____

Does your child have a good/poor relationship with pets? _____

SPECIAL INTERESTS

Is your child interested in books? _____

What subjects does he/she ask questions about? _____

How much time does he/she spend watching TV? _____

What are your child's special interests or abilities? _____

What play materials holds his/her attention the longest? (indoor) _____

(outdoor) _____

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Authorization Form

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the school.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care for my child if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the Emergency Contact Card you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following below:
 - a. Call another physician or paramedics
 - b. Call an ambulance
 - c. Have the child taken to an emergency hospital in the company of a staff member.
5. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I hereby grant permission for my child's clothing to be changed by a staff member should he/she have a toilet accident or get sick.

Signed: _____ Date: _____
(parents'/legal guardian)

Drexel Hill United Methodist Nursery School
2025 – 2026 Permissions for texts, emails, and photos.

Please fill out & sign permission slips and return

Texts, and Emails

I give permission to receive texts from the Nursery School staff.

_____ No _____ Yes please use this number _____

I understand that I will receive emails from the Nursery School staff.

_____ No _____ Yes my email address: _____

Child's Name

Parent Name

Signature Date

Photos

We would like to put some pictures of our Nursery School children on DHUM Nursery School's website and on DHUM Nursery School's Facebook page. We mostly post group shots and do not ever use names or post any photos with names in them.

DHUM Nursery School's website: dhumnurseryschool.com

_____ Yes, I give permission for my child's photo to be posted on the school's website.

_____ No, I do not give permission for my child's photo to be posted on the school's website.

Child's Name

Parent Name

Signature

Date

DHUM Nursery School's Facebook page:

<https://www.facebook.com/profile.php?id=100048651656951>

_____ Yes, I give permission for my child's photo to be posted on the school's Facebook page.

_____ No, I do not give permission for my child's photo to be posted on the school's Facebook page.

Child's Name

Parent Name

Signature

Date

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Physical Form

Name of child _____ Sex _____ Date of Birth _____

Address _____ Phone _____

Parents' names _____ Phone _____

Name of Physician _____ Phone _____

In Case of Emergency notify: _____ Phone _____

All children must be vaccinated in order to attend our school.

IMMUNIZATION RECORD (give dates and last doses):

DTaP _____

HEP B _____

PCV13 _____

MMR _____

IPV _____

HIB _____

VARICELLA _____

HEP A _____

Influenza (yearly) _____

ILLNESSES (Please check all which apply):

Hepatitis A ()

Hepatitis B ()

Chicken Pox ()

Measles ()

Rheumatic Fever ()

Mumps ()

Rubella ()

AIDS ()

HIV ()

Covid 19 ()

other _____

Physical impairments (sight, hearing, heart, etc.) _____

Allergies: _____

Special needs, including nervous habits (toileting, eating, etc.) _____

I have examined _____ and in my opinion he/she is in good condition and able to attend nursery school for the 2025/2026 school year.

Physician's Signature _____ Date _____

Physician's Stamp/Seal