

**Drexel Hill United Methodist Nursery School**  
**600 Burmont Road**  
**Drexel Hill, PA 19026**  
**610-259-1444**  
**Email: [dhumns@verizon.net](mailto: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](mailto:dhumns@verizon.net).

1. Your child will not be officially enrolled until we have received the registration fee (\$55) and one tuition payment (\$278) credited as June 2027. September's tuition is due on or before September 1, 2026.
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 2026 – 2027**  
**610-259-1444**  
**Email: [dhumns@verzon.net](mailto:dhumns@verzon.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 2027) and the registration fee are to be included with the completed registration forms. June 2027 tuition is non-refundable if you withdraw prior to the start of the school year. September tuition is due on or before September 1, 2026.
2. The yearly tuition payments have been divided into 10 payments of \$278.00 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](mailto:dhumns@verizon.net) to discuss.
13. **We reserve the right to dismiss a child from our program when extreme behavioral 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**  
**2026 – 2027 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: \_\_\_\_\_

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Child's Name	Parent Name	Signature Date
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**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](http://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.

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Child's Name	Parent Name	Signature	Date
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**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.

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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 \_\_\_\_\_

**IMMUNIZATION RECORD (give dates and last doses):**

DTaP \_\_\_\_\_

HEP B \_\_\_\_\_

PCV13 \_\_\_\_\_

MMR \_\_\_\_\_

HIB \_\_\_\_\_

IPV \_\_\_\_\_

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 defects (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 2026/2027 school year.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Stamp/Seal