



# UPC DISCOVERY

early learning center

## Preschool and Toddlers: Please check all that apply

**Preschool Session:** Four-day preschool: Monday – Thursday

Morning Session 8:30 a.m.-11:30 a.m.

**Full-Day Preschool Session:** Monday-Friday

Full-Day Session 8:15 am-3:15 pm    Before-care 7:00 am-8:15 am    After-care 3:15 pm-5:30 pm

**Toddler Enrichment Program:**

Monday & Tuesday mornings- 9:00 am-11:30 am

**Please complete:**

My child will be \_\_\_\_\_ years   \_\_\_\_\_ months on September 1, 2025.

I have enclosed a \$100 non-refundable registration fee for my child.

I am registering multiple children and have enclosed a \$100 non-refundable registration fee for our family.

\*Cash or check to UPC Discovery accepted.

**Date Received (For Office Use Only)** \_\_\_\_\_

## 2025-2026 Early Childhood Program Application

**Please print clearly**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First Middle

Nickname (if any) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Child lives with \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address (if different than above) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Does your child have any special health problems/concerns? No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_

Is your child on any medications? No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies or diet restrictions? No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_

Names of any sisters or brothers \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Has your child attended a preschool program? No \_\_\_\_\_ Yes \_\_\_\_\_ If so where: \_\_\_\_\_

Is there anything else you think we should know about your child? No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_

Would you like to learn more about United Presbyterian Church? (ex. newsletter, worship schedule, etc.)?

No \_\_\_\_\_ Yes \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

*Please note if your family/child meets any of the following criteria:*

\_\_\_ My child is a current student.      \_\_\_ I am a UPC Early Learning Center staff member.

\_\_\_ Our family is an alumni family.      \_\_\_ We are members of United Presbyterian Church.

Other Considerations: