

L.H.U.M.C Enhanced Learning Preschool
200 School Lane
Linthicum, MD 21090
(410)850-0778

Dear Parents,

Welcome to Linthicum Heights United Methodist Church Enhanced Learning Preschool!

Thank you for contacting us and expressing interest in enrolling your child for the 2025-2026 school year.

At this time, please return the enclosed registration form. You will be notified of acceptance by **February 21st**. Once your child is accepted into the program, you must pay a **\$75.00 non-refundable registration fee within 48 hours of acceptance** to hold your child's spot. **To guarantee your child's place in our fall 2025 preschool program, we must receive a one-month non-refundable tuition deposit by June 1, 2025.**

Due to the age requirements for kindergarten entrance in the MD Public Schools, **the child's birth date MUST be by Sept. 1st**. (For 4's: birthday on or before September 1, 2021, to be in the 4-year-old class. For 3's: birthday on or before September 1, 2022, to be in the 3-year-old class.) We regret any inconvenience this may cause. Our classes are aligned to meet the requirements of the MD State Dept. of Education.

Upon receipt of this registration form and \$75 deposit, you will receive a health packet which **MUST** be taken to your child's health services and returned by **July 1, 2025**, to our mailing address above.

We are looking forward to a school year filled with many wonderful learning experiences.

Sincerely,
Ali Phan
LHUMC Preschool Director
Preschool@lhumc.org

Program	Monthly Tuition Rates
Pre-K3 (9am-12pm)	\$475.00
Pre-K3 with extended care (7am-6pm)	\$995.00
Half Day Pre-K4 (9am-12pm)	\$475.00
Full Day Pre-K4 (9am-3pm)	\$800.00
Pre-K4 with extended care (7am-6pm)	\$950.00

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Please fill in and return the following information. If mailing, please return to: LHUMC Enhanced Learning Preschool, 200 School Lane, Linthicum, MD 21090.

Child's Name: _____

Mother's Name: _____

Father's Name: _____

Address: _____

City, State & Zip: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Child's Birth date: _____

E-mail Address: _____

Please select your program preference below:

Pre-K3 Program Monday-Friday 9am-12pm.

Half Day Pre-K4 Program Monday-Friday 9am-12pm.

Full Day Pre-K4 Program Monday-Friday 9am-3pm.

I am interested in extended care.

ALL FOUR-YEAR OLDS PARTICIPATING IN EXTENDED CARE WILL BE ENROLLED IN THE FULL DAY PRE-K4 PROGRAM

Parent Signature: _____ Date: _____