

CFUMC PLAYSCHOOL

(Parent’s Morning Out!)

Registration Form

**September 2017 - May 2018**

**HOURS**: 8:30 a.m. - 12:30 p.m.

**DAYS:**  Monday, Tuesday, Wednesday, Thursday & Friday

**AGES**: 9 months to children under 2 by Sept. 1st (must turn 2 **after** Sept 1st)

**TUITION ANNUAL REGISTRATION FEE (non-refundable)**

1 day / week = $85.00 / month $70.00

2 days / week = $165.00 / month $110.00

Make check payable to: **CFUMC Playschool**

# PERSONAL INFORMATION

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s DOB:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent /Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_

Parent /Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

**DAY(s) PREFERENCE**

1st choice (circle): MON TUES WED THURS FRI

2nd Choice (circle): MON TUES WED THURS FRI

# of Days requested: \_\_\_\_\_\_\_\_\_\_ TODAY’S DATE: \_\_\_\_/\_\_\_\_\_/\_\_\_\_

I understand that Playschool (Parent’s Morning Out) is not a licensed program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

PARENT’S NAME PARENT’S SIGNATURE DATE

***TO BE COMPLETED BY STAFF:***  *START DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*

*REGISTRATION FEE $\_\_\_\_\_\_\_\_\_ DATE PAID: \_\_\_/\_\_\_/\_\_\_\_ CK#:\_\_\_\_\_\_\_\_\_ MEDICAL FORM: \_\_\_\_\_\_\_\_*

*1st MONTH TUITION: $\_\_\_\_\_\_\_\_\_ DATE PAID: \_\_\_/\_\_\_/\_\_­\_\_ CK#:\_\_\_\_\_\_\_\_\_ IMMUNIZATION FORM: \_\_\_\_\_\_\_\_*

*SUPPLY FEE: $\_\_\_\_\_\_\_\_\_ DATE PAID: \_\_\_/\_\_\_/\_\_\_\_ CK#:\_\_\_\_\_\_\_\_\_ PICK UP / DROP OFF FORM: \_\_\_\_\_\_\_\_*