



**Registration Form
September 2018 - May 2019**

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)

<u>TUITION</u>	<u>ANNUAL REGISTRATION FEE (non-refundable)</u>
1 day / week = \$90.00 / month	\$75.00
2 days / week = \$170.00 / month	\$115.00

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 is not a licensed program.

PARENT'S NAME	PARENT'S SIGNATURE	DATE
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TO BE COMPLETED BY STAFF: START DATE: ____/____/____

REGISTRATION FEE \$ _____	DATE PAID: ____/____/____	CK#: _____	MEDICAL FORM: _____
1 st MONTH TUITION: \$ _____	DATE PAID: ____/____/____	CK#: _____	IMMUNIZATION FORM: _____
SUPPLY FEE: \$ _____	DATE PAID: ____/____/____	CK#: _____	PICK UP / DROP OFF FORM: _____