

**CFUMC Playschool Registration Form**

**September 2021 - May 2022**

**HOURS**: 8:00 a.m. - 12:30 p.m.

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

**AGES**: 6 months to children under 2 by Sept. 1st (must turn 2 **after** Sept 1st) \

**IMPORTANT DATES:**

Playschool Open House – Thursday, August 26th, 2021 – 9:00 am -5:00 pm

\* a link will be emailed to sign up for a private 15-time slot

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

1 day / week = $120.00 / month $80.00

2 days / week = $200.00 / month $120.00

***\*FIRST TUITION PAYMENT IS DUE IN SEPTEMBER BY THE 10TH***

**ANNUAL SUPPLY FEE = $75.00 (non-refundable) MUST BE PAID BY SCHOOL START DATE**

* ***Fee covers crafts, baby wipes, cleaning supplies and light snacks***

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

2nd Choice (circle): MON TUES WED THURS

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

I understand that Playschool 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: \_\_\_\_\_\_\_\_*