

**First United Methodist Preschool**  
**2021/2022 School Year Registration Form**

1230 Bower St. Howell, MI 48843

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Main contact phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Phone: (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

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

**Registration Fee: A \$65.00 non-refundable is due** at the time of registration. This payment holds your spot until August 1, 2021. First tuition payment is due August 1<sup>st</sup>. If payment is not received by August 1<sup>st</sup> your child will no longer be enrolled in the preschool program.

**Preschool Schedule: Please indicate the preschool session you are registering for:**

**Preschool:** Must be at least **3** years of age by October 1, 2021 and fully potty-trained.

**Tuition: \$160** due the 1<sup>st</sup> of the month August-April

**Classroom Fee: \$35.00** due September 1<sup>st</sup>

\_\_\_\_\_ **Preschool Monday and Wednesday 9:00am – 12:00 pm**

Classes require a minimum of 10 students registered by August 1<sup>st</sup> to run.

**PreK** Must be at least **4** years of age by October 1, 2021 and fully potty-trained.

**Tuition: \$210** due the 1<sup>st</sup> of the month August-April

**Classroom Fee: \$35.00** due September 1

\_\_\_\_\_ **Prek Monday and Wednesday 9:00am – 2:00 pm**

Classes require a minimum of 10 students registered by August 1<sup>st</sup> to run

**By registering, you agree to abide by the policies and procedures outlined in the Parent Handbook including the following:**

- Your first tuition payment is due on August 1, 2021. This payment will be applied to May 2021 and is non-refundable if you withdraw from the class during the school year.
- Prior to withdrawing from the program a 30 day notice must be given to avoid next monthly payment
- Monthly tuition payments are due on the 1<sup>st</sup> day of each month. A \$25.00 late fee will be charged for any tuition payments not received in full by the 5<sup>th</sup> of the month.
- \$25 fee will be charged for returned check.
- Credits will not be given for absences or Act of God days (snow days, power outage, building problems etc.).
- You will provide classroom snacks as indicated on the snack calendar.
- Your child's emergency card must be kept current; making changes in writing as they occur.
- If your child is ill you will comply with our health policy.
- You will provide a current health appraisal and immunization record before the first day of school.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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Thank you for choosing First United Methodist Preschool. Help us get to know your child please fill out the information below.

**Child's Name:** \_\_\_\_\_ **Nickname?** \_\_\_\_\_

**Siblings:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single

If divorced or separated, who has legal custody of the child? \_\_\_\_\_

**Does your child have any physical limitations?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain \_\_\_\_\_

**Does your child have allergies?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain \_\_\_\_\_

**Do you have any concerns that you would like your child's teacher to know about?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain \_\_\_\_\_

**May your child be photographed for publicity materials?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you an active member of First United Methodist Church** Yes \_\_\_\_\_ No \_\_\_\_\_

If no would you like more information on becoming a member? Yes \_\_\_\_\_ No \_\_\_\_\_

*Active members receive \$100 off last month's tuition*

**For new families only:**

**Were you referred to this program by anyone?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please tell us who referred you? \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_