

CARMEL UMC

_____ preschool _____

Office Use Only
Date: _____
Check #: _____
Amount: _____
Class: _____
Class Section: _____



REGISTRATION FORM 2019-2020 Carmel United Methodist Church Preschool

Child's Last Name: _____

Child's First Name: _____

Circle One: Male Female **Birth** Month/Day/Year: ___ / ___ / ___

Primary Language used at home: English _____ **If not, What** _____

I prefer my child to have the same teachers as his/her sibling did in the past (if applicable)

What is your hope/goal for enrolling your child in Preschool? _____

Address: _____

City: _____ State: ___ Zip: _____

Primary Contact (Parent or Guardian) : _____

Relationship to Student: _____

Cell #: _____ **Cell phone provider:** _____

Employer: _____ **Home/Work Phone #:** _____

Parent/Guardian Main E-Mail:

(Please Print Clearly)

Other Parent/Guardian: _____

Relationship: _____

Cell #: _____ **Cell phone provider:** _____

Employer: _____ **Home/Work Phone #:** _____

Additional E-Mail:

Please Complete the Reverse Side

2019-2020 Classes Offered:



- ◆ All classes run from **9 a.m. to 1 p.m.**
 - ◆ Please indicate your class preference (1st, 2nd).
-

BUNNIES (18-months old before 9/01/19)-2day

Monthly Tuition; \$190.00

_____ Mon/Wed
_____ Tues/Thurs

DUCKS (2 yrs. old by 9/01/19)-2day

Monthly Tuition: \$190.00

_____ Mon/Wed
_____ Tues/Thurs

LAMBS (3 yrs. old by 12/1/19)-3day

Monthly Tuition : \$240.00

_____ Mon/Wed/Fri

This class is intended for our oldest 2 yr. old students who are looking for a 3 day program, and our youngest 3 yr. old students who are still not fully potty trained.

3 YEAR OLD (3 yrs. old by 9/01/19)-2day

Monthly Tuition: \$190.00

_____ Tues/Thurs

3 YEAR OLD (3 yrs. old by 9/01/19)-3day

Monthly Tuition: \$240.00

_____ Mon/Wed /Fri
_____ Tues/Wed/Thurs

4 YEAR OLD (4 yrs. old by 9/01/19)-4day

Monthly Tuition: \$310.00

_____ Mon/Tues/ Wed/Thurs

4 YEAR OLD (4 yrs. old by 9/01/19)5-day

Monthly Tuition: \$375.00

_____ Mon/Tues/Wed/Thurs/Fri

Alternative Kindergarten

Monthly Tuition: \$375.00

(5 yrs. old by 9/01/19)-5day

_____ Mon/Tues/Wed/Thurs/Friday

Docs: _____
 Spreadsheet: _____
 Shelby: _____
 Pathway: _____
 May 2020: _____
 Packet: _____

**FINANCIAL and
 ENROLLMENT**



AGREEMENT 2019-2020

The undersigned agrees to enroll (child's name): _____
 in **Carmel United Methodist Church Preschool** for a period of approximately nine months beginning
 in late August or early September 2019 and ending in May 2020.

(1) Registration Fee	Paid
CUMC Members	\$20.00
Non-members	\$30.00
(2)Supply Fee	Paid
2-day programs	\$125.00
3-day programs	\$150.00
4-day programs	\$175.00
5-day programs	\$175.00

(3)Monthly Tuition	Paid
Bunnies (2-day)	\$190.00
Ducks (2-day)	\$190.00
3 year old (2-day)	\$190.00
2/3 year old (3-day)	\$240.00
4 year old (4-day)	\$310.00
4 year old (5-day)	\$375.00
Alternative K (5-day)	\$375.00

Please initial each section listed below, then sign and date at the reverse side.

_____ **REGISTRATION FEE and SUPPLY FEE:** These are paid per child and both are due at the time of registration. The Registration fee(1) and Supply fee(2) are **non-refundable (unless there is not an open spot for your child/children).**

_____ In order to secure the child's placement, the **May 2020 tuition is due by April 26, 2019.**

_____ The May 2019 tuition may be refundable if all of the following conditions are satisfied:

- A.) All fees have been paid. (#1 and #2).
- B.) The account is current on monthly tuition.
- C.) Withdrawal notification is given in writing to the Director or Administrative Coordinator prior to **December 1, 2019.**

_____ **Tuition**, as set fourth in #3 will be paid whether or not the child is present for all sessions in the month. Tuition has been proportioned evenly over the school year, making each month's payment the same. If your child is out of school for illness, snow days, vacation or other reasons, my tuition payment will not change.

See Reverse Side



Financial and Enrollment Agreement continued 2019-2020

_____ **Tuition is due the 1st** of each month beginning with September. Payments received after the 10th of the month, on any account with an outstanding balance, will be assessed a **late fee of \$10 unless prior arrangements have been made with the Director or Admin. Coordinator.**

_____ **Checks shall be made payable to “Carmel United Methodist Church” or “CUMC.” Please note “Preschool” and your child’s name on the memo line.** All payments must be deposited in the safe in the Preschool or mailed to the church at: Carmel UMC Preschool, 621 S. Range Line Rd, Carmel IN 46032. Payments can be made via your bank’s online bill paying. Speak to your financial institute to set up.

_____ **I understand that if my account is delinquent for more than one month, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child’s spot will be held when a child is withdrawn due to non-payment of tuition.**

_____ **RETURNED CHECKS** will be processed a \$25.00 fee and will be charged to your account.

_____ In the event of **INCLEMENT WEATHER** I understand that the preschool follows Carmel Clay School system when it comes to closing or delays. A two-hour delay will result in the preschool beginning at 11:00am and ending at 2:00pm.

_____ **LATE PICKUP:** I understand that if I fail to pickup my child by the scheduled pickup time, I will be charged a late fee of \$10.00 after 3 late pickups.

_____ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, I will follow the procedures outlined in the Parent Handbook for bringing my child to school following an illness.

_____ **Withdrawal Notification:** You will not be billed for the next month’s tuition if written notification of withdrawal is received in the Preschool Office by the 15th of the current month. If written notification is received after the 15th of the current month, you will be billed for the subsequent month’s tuition.

_____ **Health Record 2019-2020:** I am aware that I need to have my child seen by a physician (within the last year of the child’s birthday) and have the health record filled out with a copy of updated immunizations by October 2019.

_____ I give permission for photos to be taken of my child and published on social media **without name** attached.

This agreement has been read, and it is understood that this agreement is not subject to cancellation except by mutual agreement and by consent of Carmel United Methodist Church Preschool. This agreement also ensures that no special terms or privileges other than those mentioned herein have been promised.

Parent/Guardian Signature

Date