

First United Methodist Preschool
2024/2025 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 \$75.00 non-refundable is due at the time of registration. This payment holds your spot until August 1, 2024. First tuition payment is due August 1st. If payment is not received by August 1st 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 December 1, 2024 and fully potty-trained.

Tuition: \$200 due the 1st of the month August-April

Classroom Fee: \$40.00 due September 1st

_____ **Preschool Tuesday and Thursday 9:00am – 12:30 pm**

Classes require a minimum of 10 students registered by August 1st to run.

PreK Must be at least **4** years of age by December 1, 2024

4 and fully potty-trained.

Tuition: \$250 due the 1st of the month August-April

Classroom Fee: \$40.00 due September 1

_____ **PreK Tuesday and Thursday 9:00am –2:00 pm**

Classes require a minimum of 13 students registered by August 1st 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, 2024. This payment will be applied to May 2024 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 1st day of each month. A \$25.00 late fee will be charged for any tuition payments not received in full by the 5th 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: _____

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 _____

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 _____