

Mt. Moriah United Methodist Ark Children
Preschool Registration form
2017-2018 School Year

Child's Name: _____ Date of Birth: _____

Day(s) of the Week: M T W Th F

(Please circle the day(s) your child will be attending regularly)

Number of days: _____ (Full days) _____ (Half days)

With Lunch _____ Without Lunch _____

Approximate Drop-Off/Pick-Up times: Drop-Off: _____ Pick-Up: _____

(Center Hours: 6:30am-6pm) **Please note: Late fee apply after 6pm**

1st day attending: _____

Nonrefundable annual student fee \$45.00 per family

Program Options

\$167 per week

***Add an additional \$3 Stretch & Grow activity fee for toddlers & preschoolers attending on Wednesdays.**

Part-time rates varies (Please call for more details)

Drop in: \$40 per day

I _____ give permission for my child's name & picture to be used in local newspapers, Facebook, Mt. Moriah Ark of Learning newsletter & website.

Yes _____ No _____

I understand that tuition is due on the first day my child attends each week. A \$5 late fee will be applied to my account if tuition is not paid by the end of the business week.

I have read, agreed to the terms stated on this contract and I'm award that I am required to pay tuition for all days registered whether my child attends those days or not.

Parent/ Guardian Signature: _____ Date: _____

Office Use Only

Annual Registration fee paid: _____ Tuition Rate: _____
(Date paid)