

REGISTRATION FOR PITTSBORO UNITED METHODIST PRESCHOOL

School Year 2021-2022

Date of Registration _____

Session Desired (Indicate a 2nd preference if possible.) **ALL FEES ARE MONTHLY.**

Group 1 -\$315 (*4 yrs. by 8/1/21)M-F- 9-1 _____ Group 3- \$100 (*3yrs. by8/1/21)T,Th 9-11:30 _____

Group 2 - \$190 (* 4 yrs. by 8/1/21) M,W,F- 9-1 _____ *Subject to change

Child's Name _____ Sex: M F Home Phone _____

Birth date _____ Age as of Aug. 1st _____ Year to start kindergarten _____

Mailing Address _____

Guardian's Name _____ Work Phone _____ Cell Phone _____

Place of Business/Occupation _____

Guardian's Name _____ Work Phone _____ Cell Phone _____

Place of Business/Occupation _____

Other Household Members (Indicate ages of children) _____

Person to be contacted in event neither parent can be reached _____

Relationship _____ Phone _____

Sitter (if applicable) _____ Phone _____

*****EMERGENCY MEDICAL INFORMATION*****

Known Allergies _____

Physician's Name _____ Phone _____

In case of an accident or serious illness, I request the school to contact me. If neither parent is able to be reached, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the Pittsboro United Methodist Preschool may make whatever arrangements seem necessary.

Signature _____ Date _____

HELP US TO BECOME BETTER ACQUAINTED WITH YOUR CHILD

Has your child had other group experiences? Please list. _____

Please indicate any physical, emotional, or developmental concerns, whether large or small, that you feel we should know about your child. Please include any treatment plans and /or special programs or services. **Pittsboro United Methodist Preschool has limited resources to meet certain challenges and may recommend educational alternatives to better serve the needs of some students.**

Favorite kinds of play _____

Pets _____

Church membership (optional) _____

Does your child show preference for right or left hand?right _____ left_____ no preference_____

Tuition Policy: Tuition is due on the first class session of each month, Aug. through May. (10 months) If the tuition has not been paid by the third class session of any month, a tuition notice will be given. A \$25 per month late fee will be charged if the tuition is not paid by the next session. After 30 days of non-payment of tuition, the student will be suspended until fees have been paid. During time of non-payment suspension, your child's spot is not guaranteed as the preschool's waiting list may be utilized.

In certain extenuating circumstances, the Preschool Board may grant an extension without penalty. The family must submit a request in writing, subject to approval.

If it should become necessary to withdraw your child, four weeks written notice (illness excepted) should be given. Tuition is due for this period, whether or not your child attends.

I have read and agree to abide by the above tuition policy. _____

Signature of guardian

Parent email (seesaw communication app)_____

***** **This information is for internal use only*******

Copy of Birth Certificate? yes/no Registration Fee Paid? yes/no Copy of Shot Records? yes/no

Cash/Check # _____ Amount \$ _____ Date Rec. _____