



# Powell United Methodist Church Preschool

825 E. Olentangy St., Powell, Ohio 43065

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[www.pumcpreschool.com](http://www.pumcpreschool.com)

## KINDERGARTEN ENRICHMENT 2018-2019 REGISTRATION

To register your child for this program, please sign a copy of this letter indicating that you have read and agree to the following conditions and return it along with your non-refundable registration fee of \$65. Checks should be made payable to "PUMC Preschool" and may be dropped off or mailed to the preschool office.

Tuition for Kindergarten Enrichment is \$635 for the year and will be due in two equal installments of \$317.50. The first installment due on May 1, 2018 with the final payment due December 5, 2018. This does not include the \$65 registration fee. Please note that these fees are non-refundable and non-transferable. Tuition refunds/credits will not be made in the event of the child's absence; withdrawal or the school's need for an emergency closing.

We will use your email address as a means of communicating with you. Please make sure our e-mail addresses are in your contact address book - [powellumcpreschool@gmail.com](mailto:powellumcpreschool@gmail.com) and [directorpumcpreschool@gmail.com](mailto:directorpumcpreschool@gmail.com) to reduce the risk of our emails going into your junk mail.

Students will attend on the appropriate Wednesdays beginning either September 5 th or 12 th during the hours of 9 a.m. - 1 p.m. An exact calendar will be provided by the beginning of the school year. **Once you are made aware of your child's Kindergarten schedule by your public school, please let us know.** We will then assign your student to the appropriate class. These assignments will be based on the order that fees are received.

We will refund your registration & tuition should we have to cancel a class, or if the class that your child would attend is full when assignments are made. This is the only situation in which refunds would be given.

Thank you for letting us share in your child's growth during such an exciting time!

Linda Franz  
PUMC Preschool Director

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(Child's First Name) (Last Name) (Male/Female) (Date of Birth)

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(Parent Name) (e-mail address)

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(mailing address) (City) (Zip) (Home Phone) (Cell Phone)

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(Parent Signature)

--OFFICE USE ONLY--

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date Received \_\_\_\_\_