Powell United Methodist Church Preschool
825 E. Olentangy St., Powell, Ohio 43065
614-847-3773 DirectorPUMCPreschool@gmail.com
www.pumcpreschool.com

KINDERGARTEN ENRICHMENT
2019-2020 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 $95. Checks should be made payable to "PUMC Preschool" and may be dropped off or mailed to the preschool office.

Circle one Option	**Tuition/Month**
1. Every Tuesday or Thursday	$140
2. Every other Wednesday	$70
3. Every Tuesday or Thursday AND every other Wednesday	$210

Please note that all 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 and directorpumcpreschool@gmail.com to reduce the risk of our emails going into your junk mail.

Students will attend on the appropriate Tuesday, Thursday or Wednesdays beginning either September 4th, 5th or 10th during the hours of 9am - 1pm . 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 days. These assignments will be based on the order of registration..

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

_____

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

_____

(Parent Name) (email address)

_____

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

_____

(Parent Signature) (Days attending Olentangy Kindergarten)

--OFFICE USE ONLY--

Check # _____ Amount _____ Date Received _____

Revised 11/1/18 **Office Copy - please return**