



Powell United Methodist Church Preschool

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

2019-2020 REGISTRATION CONTRACT

(Child's First name) (Last name) (M/F) (Date of Birth) (Home Phone #)

(Address) (City) (Zip) (Amount paid) (Check #) (Date paid)

Please circle desired Age, Days/week and AM or PM below:

Age *By September 30th	Days/week	9:00-11:30 OR 12:30-3:00	Registration Fee	Monthly Tuition
		AM or PM		
2	Monday	AM	\$125	\$95
2	Wednesday	AM or PM	\$125	\$100
3	2 day - Tues. & Thurs	AM or PM	\$135	\$150
3	3 day - Tues, Wed. & Thurs	AM or PM	\$145	\$195
4	3 day - Tues, Wed. & Thurs	AM or PM	\$145	\$195
4	4 day - Mon, Tues, Wed. & Thurs	AM or PM	\$150	\$245

Terms of agreement:

- In order to enroll and hold a place at PUMC Preschool for the school year indicated above, I agree to pay the **NON REFUNDABLE Registration Fee***.
- Monthly tuition, payable to PUMC Preschool, is **due by the 1st** day of each month. 9 monthly tuitions payments will be made, September 1, 2019 through May 1, 2020.
- A late fee of \$25.00 will be charged after the **1st** of the month.
- An insufficient funds fee of \$25.00 will be charged if a check is returned by the bank.
- Monthly fees are evenly divided between months of operation, which are September to May. Full tuition for each month is required regardless of holidays, vacations, illness, school emergency closings, or withdrawal. See 8 & 9 below.
- I give permission to PUMC Preschool to use photos of my child in the class book, website, social media and/or other formats for the public.
- I give permission to PUMC Preschool to share our name, address, phone & email to other parents, staff & preschool board.
- **WITHDRAWAL – School Initiated –** We understand that the school reserves the right to, in extreme circumstances, terminate enrollment of any child if in the opinion of the staff: continued attendance would not be in the best interest of either the child or the school, if payments are not maintained current, or if required forms are not provided for the child.
- **WITHDRAWAL – Parent Initiated –** We agree to notify the preschool in writing, as soon as possible, if our child will not be completing the school year. We agree to pay the current month's tuition regardless of number of days in attendance and realize the registration fee will **not** be refunded.

Parent name (please print) _____ Cell phone # _____

Parent Signature _____ Date _____

Preferred E-Mail address _____

*Fees will be refunded if a class needs to be cancelled