



Powell United Methodist Church Preschool

825 E. Olentangy St., Powell, Ohio 43065

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www.pumcpreschool.com

KINDERGARTEN ENRICHMENT 2020-2021 REGISTRATION

(Child's First name)	(Last name)	(M/F)	(Date of Birth)	(Home Phone #)
(Address)	(City)	(Zip)	(Amount paid)	(Check #) (Date paid)

Please circle option desired

Option	Days/week	Registration Fee	Monthly Tuition	Annual tuition
1	Every Tuesday or Thursday	\$95	\$140	\$1,260
2	Every other Wednesday	\$95	\$70	\$630
3	Every Tuesday OR Thursday AND every other Wednesday	\$95	\$210	\$1,890

Terms of agreement: Please read carefully

1. In order to enroll and hold a place in the KE program at PUMC Preschool for the school year indicated above, I agree to pay the **NON REFUNDABLE Registration Fee***.
2. Tuition is an annual fee, payable to **PUMC Preschool** by check only. You may choose to pay in 9 monthly installments which is **due by the 1st** day of each month beginning September 1, 2020 and ending May 1, 2021.
3. A late fee of \$25.00 will be charged after the **1st** of the month.
4. An insufficient funds fee of \$25.00 will be charged if a check is returned by the bank.
5. Full tuition for each month is required regardless of holidays, vacations, illness, school emergency closings, or withdrawal. See 8 & 9 below.
6. 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.
7. I give permission to PUMC Preschool to share our name, address, phone & email to other parents, staff & preschool board.
8. ****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.
9. ****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.

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. (office use only) Days attending OLSD _____

Parent name (please print) _____ Cell phone # _____

Parent Signature _____ Date _____

Preferred E-Mail address _____

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