



<small>(Office use only)</small>	
C F / D C / CL T A POF FF / ASQ	
Amount paid \$	_____
Check#	_____
Date paid	_____

## 2022-2023 Registration Preschool

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M or F  
(Last) (First)

Parent Name (print) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

**Please note 1st, 2nd, 3rd choice**

Choice	Age By Sept. 30th	Attends	Registration Fee due now	Monthly Installment	Annual Tuition	
	2	1 day <b>AM</b>	Monday 9:00 - 11:30	\$125	\$95	\$855
	2	1 day <b>AM</b>	Wednesday 9:00 - 11:30	\$125	\$100	\$900
	2	1 day <b>PM</b>	Wednesday 12:30 - 3:00	\$125	\$100	\$900
	3	2 days <b>AM</b>	Tues. & Thurs 9:00 - 11:30	\$135	\$150	\$1,350
	3	2 days <b>PM</b>	Tues. & Thurs 12:30 - 3:00	\$135	\$150	\$1,350
	3	3 days <b>AM</b>	Tues., Wed. & Thurs 9:00-11:30	\$145	\$195	\$1,755
	3	3days <b>PM</b>	Tues., Wed. & Thurs 12:30 - 3:00	\$145	\$195	\$1,755
	4	3 days <b>AM</b>	Tues., Wed. & Thurs 9:00-11:30	\$145	\$195	\$1,755
	4	3 days <b>PM</b>	Tues., Wed. & Thurs 12:30 - 3:00	\$145	\$195	\$1,755
	4	4 days <b>AM</b>	Mon, Tues., Wed. & Thurs 9:00 - 11:30	\$150	\$245	\$2,205
	4	4 days <b>PM</b>	Mon, Tues., Wed. & Thurs 12:30 - 3:00	\$150	\$245	\$2,205

(over)

**Terms of agreement: Please read carefully**

1. 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\***.
2. Tuition is an annual fee, payable to **PUMC Preschool**. You may choose to pay in 9 monthly installments which are due **by the 5th** day of each month beginning September 5, 2022 and ending May 5, 2023.
3. A late fee of \$25.00 will be charged on the **6th** 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 acknowledge my child is immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code.
7. 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.
8. I give permission to PUMC Preschool to share our name, address, phone & email to other parents, staff & preschool board.
9. **\*\*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.
10. **\*\*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 the number of days in attendance and realize the registration fee will **not** be refunded.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Fees will be refunded if a class needs to be canceled**