



Registration 2022-2023

Class Selection: Check class selected in online registration and add a second option, if needed.
 *Your child's age as of September 1, 2022 determines the class for which they will be enrolled.

Child's Name:

 First Middle Last

Nickname: _____ Sex: F M

Date of Birth: ___/___/___ Age as of 9/1/22 _____

Address: _____

City: _____ Zip Code: _____

Is your child potty trained? YES NO

*Note: Children attending three's class and above must be potty trained.

Mother's Name: _____

Cell Phone # _____

Email: _____

<u>Class</u>	<u># of Days</u>	<u>Schedule</u>	<u>Monthly Tuition Rate</u>
<input type="checkbox"/> Toddler	2	M/W	\$225
<input type="checkbox"/> Toddler	2	T/TH	\$225
<input type="checkbox"/> Transitional 2's	2	M/W	\$225
<input type="checkbox"/> Transitional 2's	2	T/TH	\$225
<input type="checkbox"/> Two's	3	TWTH	\$285
<input type="checkbox"/> Two's	4	M-TH	\$330
<input type="checkbox"/> Three's	3	TWTH	\$285
<input type="checkbox"/> Three's	4	M-TH	\$330
<input type="checkbox"/> Three's	5	M-F	\$360
<input type="checkbox"/> Four's	4	M-TH	\$330
<input type="checkbox"/> Four's	5	M-F	\$360
<input type="checkbox"/> K Prep*	5	M-F	\$375

*Teacher evaluation required

Father's Name: _____

Cell Phone # _____

Email: _____

Has your child attended a preschool program before? If so, where? _____

Siblings attending Sugarloaf Weekday Preschool (Name and Age Level)

Does child speak/understand English? _____ Primary Language Spoken at home? _____

Does your child have any allergies? YES NO Does your child require an EpiPen? YES NO

**Note: Please submit an allergy action plan to the office, if necessary.

List Allergies: _____

Does your child have evidence of developmental delays, speech delays, hearing loss, or vision difficulties? YES NO

If yes, please explain: _____

How did you hear about us? (Friend, Facebook, Website, Other) _____

OFFICIAL USE ONLY

Date Registered: _____

Registration Fee Paid: Yes No CK# _____

Amount: _____

Activity Fee Paid: Yes No



Parent Agreement (Please Initial and Sign Below)

_____ I wish to enroll my child, _____, at Sugarloaf United Methodist Church Preschool (SUMC) for the 2022-2023 school year. I understand that the registration fees (equivalent to one month's tuition) and activity fees (\$75 per child) are, without exception, **nonrefundable and these fees do not apply to any tuition.**

_____ In order to protect the integrity of the preschool, I agree to pay the last month's tuition of the 2022-2023 school year (May 2023) by June 15, 2022. I understand that if this payment is not collected, SUMC has the right to relinquish my child's spot to another applicant. **This payment is also nonrefundable.**

_____ I agree to give a **30 day notice if I must withdraw** my child from SUMC Preschool.

_____ Tuition payments are due on the first of every month and agree to pay any bank fees charged for returned checks.

_____ I understand that, due to teacher ratios, a certain number of children will be enrolled in each class. Under-enrollment in any classroom may result in a change of schedule.

_____ Discount Policy:

- Siblings receive a 20% discount on the lower tuition rate
- ACTIVE Sugarloaf United Methodist Church members: Please stop by the front office to complete the member verification form prior to registration.

_____ All Registration and Activity Fees are due at the time of registration.

*** CASH OR CHECK ONLY

By signing below, I acknowledge my complete understanding to the Parent Agreement above.

Parent/Legal Guardian Signature

Date