

Preschool year child is enrolled - **September 2008 to May 2009**

ENROLLMENT AGREEMENT

First United Methodist Preschool
P.O. Box 545/111 East Maple St., Independence, KS 67301

Full Name of Child _____

Name Child is Called _____ Birthday _____

Father's Full Name _____

Mother's Full Name _____

Mailing Address _____ Street Address _____ Home Phone _____

Business Phone - Father _____ Business Phone - Mother _____

ALL Cell Phone #'s _____

Emergency Information:

Physician _____ Phone _____

Friends or Relatives _____ Phone _____

Names and phone numbers of persons to whom we may release your child:

Name _____ Phone _____

Home Work

Name _____ Phone _____

Home Work

Name _____ Phone _____

Home Work

The non-refundable fee of \$40.00 is required for registration, and will be used for supplies. We expect that you will honor your enrollment agreement for the term, unless you move from the city, or some unusual circumstances, make a mutual agreement to dissolve the contract, the most advantageous arrangement for the child.

September tuition must be paid before the first day of preschool, all other monthly fees are payable no later than the **15th** day of each month. Tuition is \$80.00 a month for 4 year olds, \$65.00 a month for 3 year olds.

I/we agree to attend the orientation meeting, August _____ at 7:00 p.m. at the United Methodist Church, if at all possible. I/we agree to cooperate with the staff and other parents, to abide by the policies, and help make this a quality preschool for children of Independence.

Date _____ Parent/Guardian Signature _____

Registration Fee **\$40.00** September tuition \$ _____ must be paid before the first day of preschool.

Date Paid _____ Amount Paid _____ Preference for 4 year old classes _____ AM _____ PM

Children are admitted to this preschool regardless of race, creed, color, sex, national origin, religion, or disabled condition.