

REGISTRATION AGREEMENT

2018-2019

FIRST UNITED METHODIST PRESCHOOL
200 West Second Street, Perrysburg, Ohio 43551
419-874-9318 Email: FUMPKIDS@aol.com

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Acceptance of this form and the non-refundable registration fee of \$100.00 assure your child a place (if available) in the First United Methodist Preschool for the 2018-2019 school year. *PLEASE PRINT NEATLY!*

CHILD'S NAME: _____ **BIRTHDATE:** _____
(name that child will go by in school, if different than above: _____)

Circle one: boy girl **Child lives with:** _____

Mother's name: _____ phone: _____
Street address: _____
City: _____ Zip code: _____

Father's name: _____ phone: _____
Street address: _____
City: _____ Zip code: _____

CHOOSE FROM THE FOLLOWING: (Please mark first & second choices)

- _____ Mon/Wed/Fri mornings 9:00 –11:30 A.M. Fees are \$155.00 per month
_____ Tue/Wed/Thur afternoons 12:30 –3:00 P.M. Fees are \$155.00 per month
_____ Mon./Tues./Wed./Thurs./Fri. 9:00 – 11:30 A.M. Fees are \$240.00 per month
_____ Member of Perrysburg First United Methodist Church (10% discount)

All FUMP students must be immunized as recommended by the Center of Disease Control and American Academy of Pediatrics. By signing this form, the parent/guardian understands that the student will only be admitted to FUMP when the proof of immunizations and the State of Ohio medical form are on file.

Parent signature: _____ **Date:** _____

PLEASE RETURN THE REGISTRATION AGREEMENT AND REGISTRATION FEE TO THE ADDRESS LISTED ABOVE.

Automatic debit pay may be required to tuition payments unless the school year is paid for in advance.

Thank you for choosing First United Methodist Preschool! We are looking forward to a great year! If you do not hear otherwise, your first choice was available. You will receive the rest of the necessary forms at a later date.

Date received: _____ check # _____ amount \$ _____

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Circle one: boy girl **Child lives with:** _____

Mother's name: _____ phone: _____
Street address: _____
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Father's name: _____ phone: _____
Street address: _____
City: _____ Zip code: _____

CHOOSE FROM THE FOLLOWING: Please mark first and second choices

- _____ Tues/Thur mornings 9:00-11:30 A.M. Fees are \$110.00 per month
_____ Mon/Wed/Fri mornings 9:00 –11:30 A.M. Fees are \$155.00 per month
_____ Member of Perrysburg First United Methodist Church (10% discount)

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