

Mt. Moriah United Methodist Ark Children
Preschool Registration form
2020/2021 School year

Child's Name: _____ Date of Birth: _____

Day(s) of the Week: M T W Th F
(Please circle the day(s) your child will be attending regularly)

Number of days: _____ (Full days) _____ (Half days)

Approximate Drop-Off/Pick-Up times: Drop-Off: _____ Pick-Up: _____
(Center Hours: 7:00am-5:30pm) **Please note: Late fee apply after 5:30pm**

First day attending: _____

Key pad password (pick 4 numbers) _____

Nonrefundable annual student fee \$50.00 per family

I _____ give permission for my child's name & picture to be used in local newspapers, Facebook, Mt. Moriah Ark of Learning newsletter & website.
Yes _____ No _____

I understand that tuition is due on the first day my child attends each week. Credit card will be charged the following Monday if tuition payments are not received by Friday of the current week.

I have read, agreed to the terms stated on this contract and I'm award that I am required to pay tuition for all days registered whether my child attends those days or not.

Parent/ Guardian Signature: _____ Date: _____

Office Use Only

Annual Registration fee paid: _____ Tuition Rate: _____
(Date paid)