



**PRESCHOOL & AFTERSCHOOL
ENROLLMENT AGREEMENT
2019-2020 SCHOOL YEAR**

Student's Name _____ Male Female
 Birthdate _____ Age as of Sept. 1, 2019 _____
 Home Address _____ City _____ Zip _____
 Parent 1 Name _____ Parent 1 Cell Phone _____
 Parent 2 Name _____ Parent 2 Cell Phone _____
 Primary E-mail Address _____

Who can we thank for your referral? _____

Infants **Ones**
 Monday Tuesday Wednesday Thursday Friday \$ _____ monthly

2s **3s** **Prekindergarten**
 M/W/F T/Th M-F \$ _____ monthly

Spanish Dual-Language (3s-5s) **Transitional Kindergarten (5 by January 1st)**
 M/W/F T/Th M-F \$ _____ monthly

A.M. Care
 Monday Tuesday Wednesday Thursday Friday \$ _____ monthly

P.M. Care
 Monday Tuesday Wednesday Thursday Friday \$ _____ monthly

School-Age Afterschool Name of School: _____ Grade 2019-20 _____
 M T W Th F or M-F \$ _____ monthly

I, _____, agree to enroll my child, _____, as indicated above. The enrollment fee is \$ _____ and is **non-refundable**. My monthly tuition is \$ _____ payable on the 1st of each month. 2-week advanced written notification is required for changes or withdrawal prior to May 2020.

My signature below signifies that I understand and accept the contents of this agreement. This application accompanied by a deposited payment for the enrollment fee ensures a place for my child in the Weekday Program at First United Methodist Church Plano.

Signature Parent/Legal Guardian _____ Date _____

Check# ____/Cash in the amount of \$ _____ received by _____ on _____.