



**ENROLLMENT AGREEMENT
2021 Preschool SUMMER**

Student's Name _____ Male Female

Birthdate _____ Age as of Sept. 1, 2021: _____

Home Address _____ City _____ Zip _____

Parent 1 Name _____ Parent 2 Name _____

Parent 1 Cell Phone _____ Parent 2 Cell Phone _____

Primary E-mail Address _____

Yes, I will need May Bridge Days (May 27-28)

Summer 1 (June 1-June 25) **Summer 2 (June 28-July 23)** **Summer 3 (July 26-August 5)**
Closed Monday, July 5th Tuition will be pro-rated at 50%

Infants **Ones**

Monday Tuesday Wednesday Thursday Friday \$ _____ / session

2s **3s** **Prekindergarten**

M/W/F T/Th M-F \$ _____ / session

A.M. Care **P.M. Care** \$ _____ / session
(Please note: AM and/or PM Extended Care will apply to all days your child attends.)

I, _____, agree to enroll my child, _____, as indicated above. The enrollment fee is **\$ 50** and is **non-refundable**. My summer tuition is \$ _____ payable on the 1st day of each session. 2-week advanced written notification is required for changes in summer enrollment. Daily drop-in is **NOT** offered for our infant-preschool summer sessions to maintain consistency for children and staff.

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 _____.



**ENROLLMENT AGREEMENT
2021 School-Age SUMMER**

Student's Name _____ Male Female

Birthdate _____ Grade for 2021-22: _____ Shirt Size: YXS YS YM YL YXL

Home Address _____ City _____ Zip _____

Parent 1 Name _____ Parent 2 Name _____

Parent 1 Cell Phone _____ Parent 2 Cell Phone _____

Primary E-mail Address _____

Yes, my kindergartner will need May Bridge Days (May 27 -28)

KinderCamp 9 a.m. – 2 p.m. 7 a.m. – 6:30 p.m.
 M T W Th F or M-F \$_____ weekly

School-Age Summer Breakaway Camp (7 a.m. – 6:30 p.m.)
 M T W Th F or M-F \$_____ weekly

Please reserve my student's spot for the following weeks.

<input type="checkbox"/> June 1-4 (closed May 31 st)	<input type="checkbox"/> June 28-July 2	<input type="checkbox"/> July 26-30
<input type="checkbox"/> June 7-11	<input type="checkbox"/> July 6-July 9 (closed 5 th)	<input type="checkbox"/> Aug 2-Aug 5 (closed 6 th)
<input type="checkbox"/> June 14-18	<input type="checkbox"/> July 12-16	
<input type="checkbox"/> June 21-25	<input type="checkbox"/> July 19-23	

OR

I would like my student to attend only some days throughout the summer and will pay the \$65 drop-in rate in advance.

I, _____, agree to enroll my child, _____, as indicated above. The enrollment fee is \$50 and is non-refundable. My weekly tuition is \$_____ payable on the **FRIDAY** prior to the week attending. 2-week advanced written notification is required for changes to schedules.

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 _____.