

Burke United Methodist Preschool: Student Registration 2017-2018

Student Information		
Last Name:	First Name:	Middle:
Nickname (For Cubbies, Nametags, etc.):		Date of Birth:
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:		
Allergies or Intolerance to Food, Medication, etc.:		
Parent/Guardian Information		
Parent Guardian #1	Last Name:	First Name:
Parent Guardian #2	Last Name:	First Name:
Address:		
Email Address #1:		Home Phone:
Email Address #2:		Cell Phone:

Indicate which class you are registering for by circling the appropriate tuition

Age	Days Per Week	Monthly Tuition		
		Basic Tuition 9:30AM-12:30PM	With One Hour Stay & Play 9:30AM-1:30PM	With Two Hour Stay & Play 9:30AM-2:25PM
2.5 by end of Sept. (Potty Training Not Required)	M, F	\$185.00	---	---
2.5 by end of Sept. (Potty Training Not Required)	T, W, Th	\$280.00	---	---
3 by end of Sept.	T, W, Th	\$255.00	377.00	419.00
4 by end of Sept.	M,T,W,Th	\$335.00	446.00	562.00
5 by end of December (Transition to Kindergarten)	M,T,W,Th,F	\$395.00	545.00	695.00

- Please attach registration fee.
\$120 per student (non-church members); \$60 per student (church members)
- Tuition for May 2018 is required to be paid prior to June 1, 2017.
- Submit physical form (due on or before September 7, 2017).
This must be on file to start school on time.

Getting Acquainted Day: September 7, 2017

First Day of Preschool: September 11 for 4 & 5 Day Classes; September 12 for 3 Day Classes

For Parents	
I agree to pay tuition for May 2017 before June 1, 2017.	
All children in 3s and 4s, and Transition class must be toilet trained. This means that each child must be able to use the toilet independently including wiping, management of clothes, and hand washing. Pull-ups of any kind cannot substitute complete toilet training. Parents of children who have repeated accidents may be called to come and change their child. Children who continue to exhibit non-toilet trained behaviors may be requested to withdraw from the preschool. Should that occur, the May 2017 fee will not be refunded until the space is filled.	
Your signature below indicates your agreement to the above statements.	
_____ Signature	_____ Date

Office Use

Burke United Methodist Preschool: Student Registration 2017-2018

Received Registration Fee		Received May Tuition	
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Office Use Only Identity Verification

Birth Certificate Checked:	Place of Birth:	Birth Date:	Birth Certificate Number:	Date Issued:
Passport Checked:	Place of Birth:	Birth Date:	Passport Number:	Date: Issued
Name of Person Viewing Documentation:	Date Document was viewed:			