

## Forms submitted before January 12th will not be accepted.

For Office Use Only
Date Received:
\$100 Registration Fee Rec'd:

# ALDERSGATE UNITED METHODIST CHURCH DAY SCHOOL 2024-25 REGISTRATION (FOR RETURNING FAMILIES)

Age of Child on 10/	<b>01/24</b> :years	smonths	E-mail Add	ress:				
Child's Name:				Birthdate:	Month			
							ear	
Preferred Name:		Male	Female □	Home Ph	one:			
Home Address:								
	Street			City	St	ate	Zip	
Any special requests of You may describe on the are welcome to describe	e a separate piece of	paper or via email. 1	Please note we				ver, you	
	PA	RENT/GUARDI	AN INFOR	MATION				
ALL fields below MU	UST be filled in wi	th either the infor	mation reque	sted or "N/A'	'. Please do no	ot leave any bla	anks.	
Parent/Guardian #1:			Parent/Guardian #2					
Name			Name					
Place of Employment:			Place of Employment:					
Cell		□ N/A	Cell		□ N/A			
Work		□ N/A	Work				N/A	
Email		□ N/A	Email				[/ <b>A</b>	
						ool Family? Y		
Child Resides Primarily with:			Please indicate if you are an					
Church Affiliation:								
has not tur All und	ned 3 years old a	NDER THREES s of October 1, 20 are 9:00am-noon and 2nd choices	024	This	child has a sib for the follow	ling registered ing class:		
Toddler I 12-24 Months as of Oct 1, 2024 24-30			Toddler II -30 Months as of Oct 1, 2024		20.25 M.	Pre-3	~4.1. 202.	
Monthly Tuition		#T-90 MIUHUH	Monthly Tuit		00 00 1/10/10/10 00 01 000 1) = 0=			
Tues/Thurs	\$275	Tues/Thu	•	3275	Tue	s/Thurs	\$275	
Mon/Wed/Fri	\$395	Mon/Wed		\$395		n/Wed/Fri	\$395	
I'm flexible		I'm flexib	le			rested in 5 days if available)	\$670	
					I'm	flexible		

### **PROGRAM SELECTION (CON'T):**

We hope parents will welcome the opportunity to choose a class program that best meets the needs of their children and their family. If there are any questions about any of the classes, please do not hesitate to contact the Director either by phone, email or in person.

Lunch Bunch until 1:00 pm and Extended Day until 2:00 pm will be available for those in the three-hour classes who occasionally need additional hours.

**Threes/Fours/Junior Kindergarten** *Please indicate your 1st and 2nd choices.* 

Three Vear Olds: (Children must be three years old by October 1, 2026)

Me	onthly Tuition	This shild has a sibling registered
Two-Days (9am-noon, Tues/Thurs)	\$257	This child has a sibling registered for the following class:
Three-Days (9am-noon, Mon/Wed/Fri)	\$327	
Five-Days (9am-noon, Mon thru Fri)	\$487	
Three-Days (9-noon, Mon/Wed/Fri)	<b>Ionthly Tuition</b> \$327	
<del></del>		
Five Days (9am-noon, Mon thru Fri)	\$487	Registration is not complete
	Ψ.σ.	until C100 foo is mossived
Five Days (9 am-2 pm, Mon thru Fri)	\$795	until \$100 fee is received. Ways to Pay Registration Fee

### AGREEMENT

- A non-refundable Registration Fee of \$100 will be paid at the time of this Registration. See above for payment options.
- The first tuition payment (known as the Advanced Tuition Payment) must be submitted to the Day School office no later than May 15, 2024, or at the time this Registration Form is submitted.
- If a child is withdrawn in writing prior to June 15, 2024 the Advanced Tuition Payment will be refunded. If withdrawal occurs after June 15, 2024 for any reason, the Advanced Tuition Payment will not be refunded. Families registering after June 15, 2024 will be required to submit a non-refundable Registration Fee and non-refundable Advanced Tuition Payment with this Registration Form in order to reserve a space in the Day School

in the Day School.		
Parent /Guardian Signature	Date	

Having trouble Submitting or Signing? Make sure you are opening in updated Adobe Acrobat Reader. Still having trouble? Save and print document. You can then either bring/send the hard copy to the Day School Office; OR scan/photograph the 2 pages and email to dayschoolforms@aldersgate.net