



BOONE UNITED METHODIST PRESCHOOL 2018-19

471 New Market Blvd., Boone, North Carolina 28607

(828) 264-6092 preschool@booneumc.org

Name of Child _____ Boy or girl? _____

Birth Date ___/___/___ Telephone _____ Member at BUMC? ___ Yes ___ No

Father _____ Mother _____

Address _____ City _____ Zip code _____

Email(s) _____

Father's Occupation _____ Alternate Phone _____

Mother's Occupation _____ Alternate Phone _____

Special needs/health concerns _____

Enrollment is based on the child's age on or before August 31.

5 Year Olds - Transitional Kindergarten _____ 5 days/week \$250/month

4 Year Olds _____ MWF \$180/month _____ TTh \$130 _____ 5 days/week \$250/month

3 Year Olds _____ MWF \$180/month _____ TTh \$130/month _____ 5 days/week \$250/month

2 Year Olds _____ MW \$140/month _____ TTh \$140/month _____ F \$70/month _____ M-F \$350

PMO \$70 per day/month _____ M _____ T _____ W _____ Th _____ F

I have read and understand the following:

A non-refundable registration fee of \$50.00 and the **last month's** tuition installment for the school year is due at registration. If I withdraw my child by July 1, I will be refunded the last month's tuition. I understand that if I withdraw my child after July 1, the last month's tuition will not be refunded. Tuition is due on the first day of each month, beginning in September, and late after the 10th with a \$15 late fee. There are no refunds due to absence or weather. The tuition deposit may be used for the final month's tuition in the event of early withdrawal, if one month's written notice is provided to the director.

Since it is the policy of the Boone United Methodist Preschool that each child must be immunized against childhood diseases, my child will have the necessary immunizations before attending preschool. If a medical exemption is requested, please see preschool director for the proper documentation forms. I understand that children entering the three-year-old class are expected to be toilet trained by the time of enrollment, unless otherwise stated on the child's individualized education program.

At least one parent or guardian will attend the mandatory parent orientation meeting held on August 30th.

Signed _____ Date _____

For Office Use-

Time/Date handed in _____

Registration Fee \$ _____

Last Month's Tuition \$ _____

Total Fees Paid \$ _____ check # _____