



Community of Care Montessori Preschool

A Ministry of Light of the Hill United Methodist Church

Enrollment Application for 2016-2017 School Year

Child's Name _____ Gender _____ Birthdate _____

Address _____ City _____ Zip _____

Parent Name _____

Address (if different than child) _____

Home phone _____

Cell phone _____

Work phone _____

Please check best phone number to call while child is in school

Email _____

Parent Name _____

Address (if different than child) _____

Home phone _____

Cell phone _____

Work phone _____

Please check best phone number to call while child is in school

Email _____

I would like to register for:

<input type="checkbox"/> Monday/Wednesday/Friday	9:00am-11:30am	\$210.00 per month
<input type="checkbox"/> Tuesday/Thursday	9:00am-11:30am	\$170.00 per month
<input type="checkbox"/> Tuesday/Wednesday/Thursday	12:30pm-3:00pm	\$210.00 per month

A non-refundable registration fee of \$100.00 is due at time application is accepted.

By signing below, I agree to pay tuition the (please check one) 1st 15th of each month, beginning September 2016 through June 2017. I understand that my registration fee is non-refundable.

If it's necessary to withdraw my child from school, I will give the office administrator written notice 2 weeks prior. If withdrawal occurs during the middle of the month, that month's entire payment is required.

Parent name (please print) _____ Signature _____

How did you hear about Community of Care Montessori? _____

Office Use Only: Date Received _____ Time _____ Reg. Fee \$100: cash check