

# Mouzon UMC Weekday Preschool Registration Form 2018-19

Priority # \_\_\_\_\_

Child's name \_\_\_\_\_  
Nickname Birthdate M/F

Child's address \_\_\_\_\_  
 Child lives with (circle one):  
 Mother    Father    Both Parents    Other \_\_\_\_\_  
Name and relationship

**Mother/Guardian** \_\_\_\_\_  
 Address (if different) \_\_\_\_\_  
 Phone numbers \_\_\_\_\_  
Home Cell Work

**Father/Guardian** \_\_\_\_\_  
 Address (if different) \_\_\_\_\_  
 Phone numbers \_\_\_\_\_  
Home Cell Work

**Email address(es)** \_\_\_\_\_

Member of Mouzon UMC? \_\_\_\_\_ Sibling of a school alumni? \_\_\_\_\_

**In which class do you wish to enroll your child?** 1st choice \_\_\_\_\_  
 (Age as of August 31, 2018) Age Days  
 2nd choice \_\_\_\_\_  
Age Days

- All applicants submit this form, policy form, and registration fee.
- Families new to the school: include one month's tuition (for May 2019) with registration fee.
- Payments are processed only if there is space for your child. (Undeposited checks are shredded.)
- Registration is conducted by a modified lottery system. (See bottom of page for priorities.)
- You do not have to be present to register.

\_\_\_\_\_ **Check (Payable to Mouzon Weekday Preschool)**  
 \_\_\_\_\_ **Draft from my existing Tuition Express account**  
 \_\_\_\_\_ **Credit card** \_\_\_\_\_  
Name on card Credit card number

\_\_\_\_\_ Billing address Exp. Date CVV #

**REFUND POLICY:** The Preschool Director must be notified in writing one month in advance of withdrawal of a child. Fees are due that month, whether or not the child is in school. There can be no tuition adjustment for withdrawals after April 1, 2019. Registration Fees, Activity Fees, and May 2019 tuition payments are non-refundable. No credits or refunds are given for absences due to illness, inclement weather, family trips, or holidays.

**HEALTH POLICY:** All children must submit a Health Certificate and Immunization Record within 30 days of starting classes. No child will be accepted without immunizations. (We do not accept medical exemptions.)

**I have read the above information and understand it.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

- Registration Priorities**
1. Children of clergy, staff, and preschool staff
  2. Currently enrolled children and grandchildren of church members, plus siblings
  3. Currently enrolled non-church member families, plus siblings
  4. Church families not currently enrolled
  5. Siblings of school alumni
  6. New Families

For school use only  
 Date received  
 Amt. paid Check #  
 Class assignment