

Mouzon Weekday Preschool

3100 Selwyn Avenue, Charlotte, NC 28209, 704-525-1326, ext. 303, sally@mouzonumc.org

Registration for Summer 2018

Child's Name: _____ DOB*: _____ Gender: _____
Month/Day/Year

***One-year-olds (by February 28, 2018) through completed Kindergarten**

T-shirt size (Circle one): 2T 3T 4T 5T Youth XS S M L

Main contact (circle one): Mother / Father / Other Name: _____

Cell: _____ Email: _____

Any special needs for your child? (Food allergies, developmental issues, physical challenges, etc.)

Place my child with one of these friends, if possible: _____
(We will do our best to abide by this request, but cannot guarantee placement.)

Please register my child for the following week(s):

_____ Week 1: June 12-13-14 _____ Week 4: July 17-18-19 _____ Week 7: August 7-8-9
_____ Week 2: June 19-20-21 _____ Week 5: July 24-25-26
_____ Week 3: June 26-27-28 _____ Week 6: July 31-Aug. 1-2

**Registration fee plus one-half of the summer tuition is due with this form. No refunds.
Fees include a T-shirt and all supplies and activities. Forms and payment may be scanned and submitted by email, or dropped off Mon-Fri, 9am – 1 pm. You do not have to be present to register.**

Registration fee is per child (non-refundable):

_____ Currently enrolled families: \$20.00 flat rate
_____ Returning summer family _____ New family
1 week: \$20.00 2-4 weeks: \$40.00 5+ weeks: \$60.00 \$ _____
(Siblings receive \$10.00 discount)

Tuition per child (1/2 due now, 1/2 due May 15, non-refundable)

1-4 weeks: \$100.00 each 5+ weeks: \$80.00 each
Totals: _____ # of weeks \$ _____ 1/2 Tuition \$ _____
Total Due Now \$ _____

Payments are processed/deposited only if there is space for your child.

Payment _____ **Check** _____ **Cash** _____ **Existing Tuition Express Acct.**
(Payable to Mouzon Weekday Preschool) Exact Change (Processed February 15, or upon confirmation of dates)

_____ **Credit Card** (no added fees) _____
(Processed Feb. 15, or upon confirmation of dates) Name on card

_____ **Address** _____ **Card number** _____ **Exp. Date** _____ **CVV #**

____ I/We agree to provide the following **prior** to the first day of camp: Immunization Records, Emergency Contact Form.

Parent Signature

Date