

## Preschool

## Payment Terms & Conditions

**Registration Fees** are non-refundable & due with the Registration.

Preschool: One Child \$150.00 Family \$250.00 Enrolled child care \$100.00

**Class Options:** Classes are based on adequate enrollment.

3 yrs. old (by Aug 1) options:

\_\_\_ Tues & Thurs 9:00-11:15 a.m. \$160.00

Prekindergarten: 4 yrs old (by Aug 1) or 5 yr. old options:

\_\_\_ Mon/Wed/Fri 9:00-11:30 a.m. \$180.00

\_\_\_ Mon/Tues/Thurs/Fri 9:00-11:30 a.m. \$200.00

**Tuition: Ten equal payments are due the 15<sup>th</sup> of each month - July thru April.**

**We accept Cash, Check, EFT (electronic funds transfer) or credit card**

\$25.00 charge for funds not available. Tuition is due whether or not your child is present for all sessions each month.

**Two weeks written notice to the office is required before withdrawing a child** in order to avoid paying the subsequent month's tuition. If you are late picking up your child after class, the charge is \$5.00 per every 15 minutes. Please pay this fee in the office when you pick up your child.

**Preschool follows Perry Township balanced calendar.**

**Our preschool will be closed the following days...**

Sept.2(Labor Day), Oct.7-18 (Fall Break), Nov.27-29(Thanksgiving), Dec.20-Jan.3(Christmas), Jan.20(MLK Day), Feb.17 (President's Day), March 23-Apr.3.(Spring Break).

**Preschool does not make-up snow days.**

**In case of inclement weather (snow, ice), please call 780-4624 for closing information or watch Channel 13 for "Southport United Methodist Church" closings.**

I have read & agree to these payment terms.

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

## Child Care Ministry

## Payment Terms & Conditions

I agree to enroll \_\_\_\_\_ in our Child Care Ministry & pay:

**Annual Registration Fee** (non-refundable) **One Child \$150.00, Family: \$240.00**

<b><u>Weekly Fees</u></b>	<b>Infants -</b>	<b>\$205. Full Time Only (6wks-11mo)</b>
	<b>One Year -</b>	<b>\$195. FT \$50. Daily (2 day minimum)</b>
	<b>Two years -</b>	<b>\$180. FT \$50. Daily (2 day minimum)</b>
	<b>3,4,5 years -</b>	<b>\$155. FT \$45. Daily (2 day minimum)</b>

Rates Effective June 1, 2017

**TIME IN / TIME OUT SCHEDULE:** (More than 3 changes annually - \$5. each change)

Time child comes: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Time child leaves: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

**Tuition is due Thursday of the week prior to care. (\$25.00 late fee added Friday.)** (\$15.00 family discount per child weekly when enrolled fulltime) Sign up for EFT (Electronic Funds Transfer) or checks payable to SUMC (Southport United Methodist Church) and place in the drop safe, or credit card payment. After 6 p.m., \$5.00 per every 15 minutes for late pick-up.

**Our Child Care Ministry will be closed the following days...**

July 4, Sept.2 (Labor Day), Nov.28 & 29 (Thanksgiving), Dec.24-Jan.1, 2020 (Christmas) Jan. 20 (MLK Day), Feb.17 (President's Day), May 25 (Memorial Day)

A credit will be issued for the above dates, otherwise **same weekly rate each week.**

\_\_\_\_\_ Parent initials

**In case of inclement weather (snow, ice), please call 780-4624 for closing information or watch Channel 13 for "Southport United Methodist Church" closings.**

**Checks/EFT's returned from the bank for insufficient funds are charged an additional \$25.00 processing fee.** If necessary to proceed with legal action for unpaid balances, parents agree to pay all court costs, including reasonable attorney fees plus interest on unpaid balances.

**Two weeks written notice is required before withdrawing** in lieu of two week's fees.

I have read & agree to these payment terms.

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



# Imagination Station



A Weekday Children's Ministry of Southport United Methodist Church offering:

## Preschool & Child Care Ministry

### Registration 2019-2020

The undersigned agrees to enroll \_\_\_\_\_ in the following program:

Circle all that apply: CHILD CARE MINISTRY PRESCHOOL  
(School Year Summer Both)

Child's Name \_\_\_\_\_  
Last First Middle

Name you use for them. \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Birth Date \_\_\_\_\_ Age Today \_\_\_\_\_ Home Phone \_\_\_\_\_

Child's Address \_\_\_\_\_  
Number & Street City Zip

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Child lives with \_\_\_\_\_

Please list your home Church/pastor: \_\_\_\_\_

Email address for receiving school information \_\_\_\_\_

EMERGENCY CONTACTS: WHOM SHALL WE CALL FIRST...? Circle: 1, 2 or 3

1. Mother's Workplace / Phone \_\_\_\_\_ / \_\_\_\_\_

2. Father's Workplace / Phone \_\_\_\_\_ / \_\_\_\_\_

3. Relative or friend / Phone \_\_\_\_\_ / \_\_\_\_\_

Persons **authorized** to pick up your child. \_\_\_\_\_

Persons **NOT authorized**: \_\_\_\_\_

### MEDICAL INFORMATION:

Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Note special needs, allergies or special dietary needs: \_\_\_\_\_

I \_\_\_\_\_ give my permission for Southport United Methodist Church to call the listed physician, relative, friend to accompany my child to the above named hospital in case of emergency, if I cannot be reached.

### Parent Notice:

*I understand that this child care ministry is not licensed under the laws of Indiana. However, I understand that this child care ministry complies with the State rules concerning sanitation & fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the child care ministry. I have read & understand this agreement.*

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

*This notice does not absolve a child care ministry from liability for injury to a child while the child is at the child care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the child care ministry or an employee of the child care ministry.*

Office Use: Date \_\_\_\_\_ Check # /C ash \_\_\_\_\_ CCM \_\_\_\_\_ Initials \_\_\_\_\_

Safe Food / Discipline/Emergency/Photo \_\_\_\_\_ Physical \_\_\_\_\_ Shots \_\_\_\_\_ Safe Sleep (infants) \_\_\_\_\_