

Preschool

Payment Terms & Conditions

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

Preschool: One Child \$150.00 Family \$250.00 Enrolled childcare \$100.00

Class Options: Classes are based on adequate enrollment.

3 yrs. old (by Aug 1) options:

___ Tues & Thurs 9:00-11:30 a.m. \$175.00

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

___ Mon/Wed/Fri 9:00-11:30 a.m. \$195.00

___ Mon/Tues/Thurs/Fri 9:00-11:30 a.m. \$205.00

Tuition: Ten equal payments are due the 15th 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 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.4(Labor Day), Oct.9-20 (Fall Break), Nov.22-24(Thanksgiving), Dec.25-Jan. 5(Christmas), Jan.15(MLK Day), Feb.19 (President's Day), March 18-March 29, (Spring Break).

Preschool does not make-up snow days.

In case of inclement weather (snow, ice), You will be notified thru our Parent Communication App PROCARE

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**

<u>Weekly Fees</u>	Infants -	\$225. Full Time Only (6wks-11mo)
	One Year -	\$215. FT \$50. Daily (2-day minimum)
	Two years -	\$200. FT \$50. Daily (2-day minimum)
	3,4,5 years -	\$180. FT \$50. Daily (2-day minimum)

Rates Effective June 1, 2023

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.4 (Labor Day), Nov.23 & 24 (Thanksgiving), Dec.25-Jan.1 (Christmas)
Jan. 15 (MLK Day), Feb.19 (President's Day), May 27 (Memorial Day)

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

Closure credits will not be applied for weather or uncontrollable circumstances

Parent initials

In case of inclement weather (snow, ice), Closure Notification thru PROCARE.

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 2023-2024

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 childcare ministry is not licensed under the laws of Indiana. However, I understand that this childcare 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 childcare ministry. I have read & understand this agreement.

Parent Signature _____ Date _____

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

Office Use: Date _____ Check # /C ash _____ Procure _____ Initials _____
Safe Food / Discipline/Emergency/Photo _____ Physical _____ Shots _____ Safe Sleep (infants) _____