

## REGISTRATION 2025-2026

Child's Name	Name to be used in School					
First	Middle	Last				
Date of Birth		Gende	er			
Address						
Street		City	2	Zip Code		
Home Phone Number						
Father's Name			Employer			
Address ( If different)	Work Phone #					
-			Cell Phone #			
Email			May we Share	with the Class		
Mother's Name			Employer			
Address (If Different)	Work Phone #					
			Cell Phone #			
Email	May we Share with the Class					
Please Check Program	Desired:					
	Two-Year-Old Class: Tu	\$200 Per Month				
	Two-Year-Old Class: Tu	\$225 Per Month				
	Three's Class: Tuesday,	\$250 Per Month				
	Three's Class: Monday-	\$300 Per Month				
	_ 3 Day Four's Class: Tue	\$250 Per Month				
	4 Day PreK Class: Mono	\$300 Per Month				
	PreK Class: Monday- Wednesday (9:00-2:00) \$400 Pe					
	PreK Class With Option	\$475 Per Month				
	(PreK is for Four- & Fiv	e-Years Old's A	ttending Kindergarten in the	Fall of 2026)		

I understand that tuition is due at the first of each month. A late fee of \$25 will be applied to all payments made after the 15<sup>th</sup> of each month. Tuition is paid one month in advance and is non-refundable without a 30 written notice of withdrawal from the school.

Please include the \$85.00 Non-Refundable Registration fee along with the Registration form to reserve the child's space.



## **STUDENT INFORMATION**

Student Name	Name to Be Used in School				
Address	Phone				
Street	City	Zip			
Date of Birth	Gender _				
Parent Emails					
Members of the Household: Name		<u>Relationship</u>	Age		
Pets:					
chool District Township					
How Did You Hear About Us?					
Church Affiliation					
Would you like more information about Thorno	dale United Methodi	st Church (TUMC)			
Previous School Experience					
This school Other	·				
Favorite Things to Do/Play					
Any concerns or fears we should be aware of?					
Any health concerns or allergies?					
Any dietary restrictions? Please state the restrictions	ctions and reasons				



## **MEDICAL INFORMATION**

Student Name		Date of Birth		Gender
Home Phone	Mom's Cell			
Emergency Contact Other Than Pare	nts			
Name		Phone #		
Relationship to Child		Cell #		
Name		Phone #		
Relationship to Child		Cell #		
Persons Authorized to Pick Up Child	:			
Persons NOT Authorized to Pick Up	Child:			
If we are unable to contact any of the emergency?	•	• •	on to have your	child treated in case of ar
Primary Physician				
Physician's Phone				
Dentist				
Dentist Phone				
Hospital Preference				
Allergies				
Dietary Restrictions and Reason				
Medical Conditions				
Current Medications				
Any Condition that limits participation	on in certain activities	S		
PLEASE ATTACH A COPY OF YO	OUR CHILD'S CURI	RENT IMMUNIZATI	ON RECORD	
Parent's Signature Date		Parent's Signa	Parent's Signature	
Director's Signature Date	<del></del>	Date Rec'd	Amount	Check #