

Enrollment Agreement
First United Methodist Preschool
P.O. Box 545/111 E. Maple St., Independence, KS. 67301

Full Name of Child _____ Name Child is Called _____

Birthdate _____ Home Phone _____

Fathers Full Name _____ Mothers Full Name _____

Primary Mailing Address _____

Business Phone – Father _____ Mother _____

Cell Phone – Father _____ Mother _____

Email address _____

Following USD 446 Schedule August- May
Class Preference

3's

2 Days a week: Class times: Tuesday, Thursday\$120.00/month

4's

3 Days a week Class times: Monday, Wednesday, Friday \$150.00/month

Or

5 Days a week Class times: Monday - Friday \$230.00/month

One time Enrollment fee \$50.00 & Supply fee \$40.00

Office Use Only Date Paid _____ Enrollment Fee \$50.00 _____ Supply Fee \$40.00 _____ August Tuition \$ _____

The First United Methodist Church Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the preschool. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarships and loan payments and athletic and other school-administrated programs.

Parent Orientation Meeting at 6pm at the Wesley Center Date TBD (For New Incoming Families)

I/We agree to attend the orientation meeting at the United Methodist Church when it is scheduled, if at all possible. I/We agree to cooperate with the staff and other parents, to abide by the policies, and help make this a quality preschool for children of Independence.

Date _____ Parent/Guardian Signature _____