hyde park community united methodist church PRESCHOOL

2022-2023 REGISTRATION CONTRACT

[redacted] 1345 Grace Avenue · Cincinnati · OH · 45208 · 513.979.8191 · 513.871.1180 (fax) · www.hydeparkpreschool.org

Child's Name: _____
First Middle Last

Name to be used in Preschool: _____ Gender: _____

Date of Birth: _____ Age on 09/06/22: _____ yrs. & _____mos.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of Parent(s) / Guardian:

Parent/Guardian #1: _____

Address (if different from above): _____

Telephone #'s: Home/Cell (____)_____ Work (____)_____

Email Address: _____

Parent/Guardian #2: _____

Address (if different from above): _____

Telephone #'s: Home/Cell (____)_____ Work (____)_____

Email Address: _____

Class Options: Please type/print 1st, 2nd and 3rd to indicate choices

All classes are 8:45-11:45 AM

Toddler Classes (*30 months by 09/06/2022*)	**3, 4 and 5 Year Olds** (*3 years old by 9/06/2022*)	**4 and 5 Year Olds** (*4 years old by 9/06/2022*)
☐ **2 day (Thursday - Friday)** *$2110.00 per year*	☐ **2 day (Thursday - Friday)** *$1910.00 per year*	☐ **4 day (Monday-Thursday)** *$2560.00 per year*
☐ **3 day (Monday - Wednesday)** *$2410.00 per year*	☐ **3 day (Monday - Wednesday)** *$2260.00 per year*	☐ **5 day (Monday-Friday)** *$2760.00 per year*
	☐ **4 day (Monday-Thursday)** *$2560.00 per year*	
	☐ **5 day (Monday-Friday)** *$2760.00 per year*	

Please check <u>all</u> that apply: *Must select one payment option*		
	☐ **I will pay the non-refundable registration fee of $80 with cash/check (*invoice will be sent*)**	☐ **I will pay the non-refundable registration fee of $80 with ACH (*invoice will be sent*)**
	☐ Child currently enrolled at HPCUMC Preschool	☐ Sibling previously enrolled at HPCUMC Preschool
	☐ Member of HPCUMC	☐ Sibling here now

I, the parent/guardian of _____ register her/him for the **2022-2023** school year in the Hyde Park Community United Methodist Church Preschool conducted under the auspices of the Hyde Park Community United Methodist Church. **We agree to pay the required tuition and to have all forms required by the Preschool and the Ohio Dept. of Job and Family Services on file in the Preschool office prior to the first day of school attendance and as they expire thereafter.** We understand that the Preschool reserves the right to recommend withdrawal of children whose needs are not best met by this Preschool. The Preschool understands that our child's records will be made available to us upon request.

Signature of Parent / Guardian: _____ **Date:** _____