

TODAY'S DATE \_\_\_\_\_



# 2020 – 2021 REGISTRATION FORM

NAME OF CHILD \_\_\_\_\_

Please indicate name child will use at school

AGE (at present) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENTS' OR GUARDIANS': NAME \_\_\_\_\_

NAME \_\_\_\_\_

Attend St. John United Methodist Church? \_\_\_\_\_ yes \_\_\_\_\_ no

Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_

## Registration Fee \$130

The non-refundable registration fee and this form is needed to secure a position in the class. Payment by **Cash, Credit Card or Checks payable to: New Horizons Preschool (NHPS)** If using a Credit Card, there will be a \$3 fee added to the registration fee.

## Program Choice 2020 - 2021

Please check your program choice and we will try to honor your preference. Financial assistance is available for families with needs.

- |                          |   |   |                           |
|--------------------------|---|---|---------------------------|
| <input type="checkbox"/> | <b>Otters</b><br>3 yrs. between<br>5/1/20 – 8/31/20 | 2 day A.M. program<br>9:15 – 11:15 Tue & Thurs. | Tuition: \$170 each month |
| <input type="checkbox"/> | <b>Teddy Bears</b><br>3 yrs. by 4/30/20             | 2 day A.M. program<br>9:00 – 11:30 Tue & Thurs. | Tuition: \$175 each month |
| <input type="checkbox"/> | <b>A.M. Rainbows</b><br>4 yrs. by 9/1/20            | 3 day A.M. program<br>9:00 – 11:30 Mon/Wed/Fri  | Tuition: \$200 each month |
| <input type="checkbox"/> | <b>P.M. Rainbows</b><br>4 yrs. by 9/1/20            | 3 day P.M. program<br>12:30 – 3:00 Mon/Wed/Fri  | Tuition: \$200 each month |
| <input type="checkbox"/> | <b>Penguins</b><br>5 yrs. by 12/31/20               | 4 day P.M. program<br>12:45 – 3:15 M/T/W/Th     | Tuition: \$260 each month |

**Credit cards are accepted for monthly tuition. There is a \$5.00 fee for every transaction.**

**I understand that NHPS requires an adult from each family to help in the classroom at least once each month.**

\_\_\_\_\_  
Initial

For Office Use:	Cash/CC/	
Amount Rec'd _____	Check # _____	Date _____