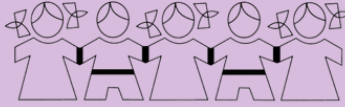


Universal City United Methodist Preschool



REGISTRATION FORM 2026-2027

Please enroll my child in the below program at Universal City United Methodist Preschool. **Should minimum enrollment not be met, please understand that class offerings may be adjusted.** If assistance is needed, please do not hesitate to contact the program director.

Child's Full Name: _____ Gender (circle): Male / Female

Name the Child Goes By: _____ Date of Birth: ___/___/___

Parent's Name: _____

Parent's Name: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Mailing Address: _____

Mailing Address: _____

PRESCHOOL PROGRAMS

Half day programs operate from **9am-12pm** and full day programs operate from **9am-3:15pm**. All 3 year olds must be 3 as of September 1st and all 4 year olds must be 4 as of September 1st.

3 YEAR OLD OPTIONS:

- 3 Day, Half Day - \$375** **3 Day, Full Day - \$610**
Tues., Thurs., & Fri. Tues., Thurs., & Fri.
- 4 Day, Half Day - \$480** **4 Day, Full Day - \$720**
Tues., Wed., Thurs., & Fri. Tues., Wed., Thurs., & Fri.

4 YEAR OLD OPTIONS:

- 3 Day, Full Day - \$610** **4 Day, Half Day - \$480**
Tues., Thurs., & Fri. Tues., Wed., Thurs., & Fri.
- 4 Day, Full Day - \$720**
Tues., Wed., Thurs., & Fri.

The total tuition for my child will be _____ per month, payable on the 1st day of each month, September through May. I understand that if I terminate my child's enrollment at Universal City United Methodist Preschool, I am required to give two weeks written notice. I understand that I will pay tuition of those two weeks, and no refunds will be issued for tuition already paid for the month. A \$200 registration fee is required to secure a spot in a classroom. In addition, I understand Semester Supply Fees of \$150 per semester will be due on September 30th and January 31st. **Please initial:** _____

LATE FEE POLICY: Tuition payments made after the 10th day of any month will be assessed a \$50.00 late fee. If my child's tuition payment is more than 60 (sixty) days late, interest on the amount delinquent will accrue at the rate of 6% per month.** If the services of an attorney are required to collect delinquent tuition fees, I hereby agree to pay all attorney's fees and court costs in addition to the tuition due. **Please initial:** _____

**Should my child's tuition be 60 (sixty) days delinquent, I understand that my child's participation in the Universal City United Methodist Preschool program may be immediately terminated.

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