FULL DAY EXTENDED DAY 7:30 a.m. – 5:30 p.m.

ENROLLMENT FORM 2021-22

NEW WORLD UNITED METHODIST CHURCH DAY SCHOOL

5134 Northwest Highway Garland, Texas 75043
Telephone: 972-279-8393

ENROLLMENT FEES

The enrollment fee : 5 Day Class $200 3 Day Class $150 2 Day Class $100
This fee is due at the time of enrollment. The fee is not refundable.

$25.Supply Fees due August 16th and January 4th

Enrollment Fee Payment Options: One half of the enrollment fee is due at the time of enrollment, the remainder of the fee is due in 30 or 60 day installments. 5 Day class is one half due at enrollment with full enrollment due in 90 days.

The weekly tuition fees are as follows: 2 day a week classes: $85
3 day a week classes: $105
5 day a week classes: $140

The Extended Day weekly fees are payable whether the child attends all sessions. Parents are responsible for payment until the school is notified in writing that the child is being withdrawn.

Register my child for the following ***EXTENDED DAY*** class: Must be class age by Sept. 1,2021

2 Year Olds	3 Year Olds	4 Year Olds
_____ Tuesday/Thursday	_____Tuesday/Thursday	____ Mon/Wed/Friday
_____ Mon/Wed/Friday	_____ Mon/Wed/Friday	____ Monday-Friday
_____ Monday - Friday	_____ Monday - Friday	
		Kindergarten
		_____ Monday-Friday

* _____ _____
Child's Full Name -- Last, First, Middle Child's Age, Sept. 1, 2021

* _____ _____ _____
Name Called by Parents Sex Birth date

* _____ _____
Child's Home Address City ZIP

* _____ _____ _____
Father's Name Father's Home Address, City, ZIP Phone: Cell

* _____ _____ _____
Mother's Name Mother's Home Address, City, ZIP Phone: Cell

Please fill out reverse side

Parents' Marital Status:

Married_____ Separated_____ Divorced_____ Widowed_____ Single_____

If separated or divorced, who has custody of the child? _____

May the Preschool release your child to the non-custodial Parent?
Yes_____ No_____

Legal Guardianship: In the event that one parent is the sole legal guardian of a child, we must have a copy of a legal document evidencing this authority.

Enrollment Date: _____
Emergency Code Word:___
password to give when calling for a friend or relative to pick up your child.

EMAIL ADDRESS:(please print clearly!) _____

Please initial the following statements

_____ I understand and agree the Enrollment Fee is non-refundable.

_____ I understand and agree that tuition is due on the first class day of each week.

_____ I understand and agree that I will be charged $25 fee for each program change .

_____ I understand and agree if my Enrollment Fee is not paid in full by the last class day of May, my child will be placed on the wait list.

_____ I understand that current immunization records, Health form, Emergency Release form, and General Admission forms must be on file before my child can start school.

Parent Signature: _____
Date: _____