



St. Luke's United Methodist Church

52 16th Avenue NW, Hickory NC

Fall Registration 2020/2021

Name of Child _____

Child's Birth date _____ Age on Aug. 31, 2020 _____
Placement is based on child's age as of August 31 and/or at the discretion of the Director

Home Address _____

Phone Number _____
Number to be called in the event of an emergency or illness

Email _____

Are you a member of St. Luke's UMC? **Yes** or **No**
 If No, please list Church Affiliation and/or Name of Church. _____

Registration Fee:

Registration fees are **nonrefundable** fees, collected yearly to reserve your child's space in our Child Development Center. The Registration Fee for the first child is **\$75**. The fee for each additional sibling, registering at the same time, is **\$50**.

Tuition

Tuition is billed by the year. As a courtesy it is payable in 9 monthly payments

	<u>2 Days</u>	<u>3 Days</u>	<u>4 Days</u>	<u>5 Days</u>
Infants	\$145.00	\$185.00	\$225.00	\$260.00
Toddlers	\$145.00	\$185.00	\$225.00	\$260.00
Twos	\$125.00	\$165.00	\$205.00	\$240.00
Pre-k 3	N/A	\$165.00	N/A	\$240.00
Pre-k 4 (5 day only)	N/A	N/A	N/A	\$240.00

Activity/Supply Fee: A \$30 supply/activity fee is collected from the students in our **3-year-old and 4-year-old** classes in September and February. These fees offset the cost of Music, Stretch-n-Grow, Art Center visits, etc.

Please mark the class and days (if applicable) you wish your child to be registered for. (Minimum 2 days)

_____ Infant Class (Ages 3-10 months on or before Aug. 31) ___M ___T ___W ___TH ___F <i>(Minimum 2 days)</i>
___ Toddler class (Age 11 months on or before August 31) ___M ___T ___W ___TH ___F
_____ 2-Year-old class (Age 2 on or before August 31) ___M ___T ___W ___TH ___F
_____ 3-Year-old Preschool Class (Age 3 on or before August 31) <i>Pick from choices below</i>
_____ 3 Day Class Monday, Wednesday, Friday
_____ 5 Day Class Monday - Friday
_____ 4-Year-old Pre-k Class (Age 4 on or before August 31) Monday - Friday ONLY

Student/Family Information

Mother's Name (or Guardian) _____ **Mother's Employer** _____
Work Title _____ **Work Phone #** _____ **Cell Phone** _____
Email _____

Father's Name _____ **Father's Employer** _____
Work Title _____ **Work Phone #** _____ **Cell Phone** _____
Email _____

Parents are _____ **Married** _____ **Unmarried** _____ **Divorced** _____ **Other** _____
Child Resides with _____ **Mother** _____ **Father** _____ **Both** _____ **Other** _____

<u>Sibling's Name</u>	<u>Age</u>	<u>Male or Female</u>	<u>School Attending</u>

- Has your child attend a preschool or daycare previously? Yes No
If yes, where? _____ Was it a positive experience? Yes No
- Has your child been diagnosed with any condition that may affect their preschool experience?
Yes or No ** If yes, please explain on the back of this form.
- Tell us about your child (interests, fears, etc.) _____

Contact List

Please list two people, in order of preference that we may contact if you are unable to be reached in the event of illness or emergency.

1. ***Name*** _____ ***Phone Number*** _____ ***Relationship*** _____
2. ***Name*** _____ ***Phone Number*** _____ ***Relationship*** _____

My child may be picked up by the following individuals:

1. ***Name*** _____ ***Relationship*** _____
2. ***Name*** _____ ***Relationship*** _____

_____ ***Date*** _____
Signature of Parent or Guardian