

508 N Reynolds Road, Bryant, AR 72022

(501)847-0002 preschool@fumcbryant.org

**Registration Form for the 2021-2022 School Year**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male or Female

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Age: \_\_\_\_\_\_\_\_\_\_

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| Mother’s Name: | Father’s Name: |
| Mother’s Cell Phone: | Father’s Cell Phone: |
| Primary Number to be Used: | Primary Email: |
| Address: | | |

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| **3 Day Preschool** | **Early Care** | **After Care** |
| Infant-Pre K | 18 months-Pre K | 18 months-Pre K |
| T,W,TH 8:30-2:30 | T,W,TH 7:30a-8:30a | T,W,TH 2:30p-4:30p |
| Monthly Tuition  $260/$235 | Monthly Tuition  $85  \*add on to monthly tuition | Monthly Tuition  $160  \*add on to monthly tuition |
| Bi Annual Supply/Building Fee $60  (due in Sept & Jan) |  |  |
| Annual Registration Fee $75 | Only 8 spots available | Only 8 spots available |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\*\*\*\*Please write in your initials under the program (s) your child will be attending. \*\*\*\***

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| To guarantee your child a place in SBLA for the school year 2020-2021, the following are required:   1. Acceptance of this registration agreement 2. The **NON-REFUNDABLE** registration fee of $75.00 |
| ***Registration Agreement:***  It is agreed that tuition will be paid by the end of the first week of the month and if not paid by the 10th of each month a $20 late fee will be charged. The supply/building fee will be paid in September and January before the 10th of the month.  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent’s signature), understand that all fees are **non-refundable and non-transferable** should my child not participate in the program which we have registered to attend. |

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| FOR SBLA OFFICE ONLY: Registration Fee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number:\_\_\_\_\_\_\_\_\_\_\_\_    Director Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |