

Preschool Contract Form — effective Feb 1, 2019

FIRST UNITED METHODIST PRESCHOOL

212 Third Street North St. Petersburg, Florida 33701 (727)822-8767 PCLB #C870138

Currently Enrolled
 New Child to FUMC
 Church Member? Y or N

Child's Name: _____ Child's DOB: _____

Parent Name: _____

Address: _____ Zip code: _____

Cell-phone: _____ Parent E-mail: _____

Hours of Operation 7:30 – 6:00 pm Tuition based on 10 months – summer program separate
Registration fee - \$175.00

<u>Two's Program</u> Must be 2 years old to enroll	2 Times a week Tue/Thur	3 Times a week Mon/Wed/Fri	Full Time Mon-Fri
Open – 1:00 pm	\$3200/\$320/mo	\$4300/\$450/mo	\$5900/\$590/mo
Open - Close	\$4000/\$400/mo	\$5800/\$580/mo	\$7000/\$700/mo
<u>Three's Program</u>			
Open – 1:00 pm	\$3000/\$300/mo	\$3700/\$370/mo	\$5550/\$555/mo
Open - Close	\$3650/\$365/mo	\$4300/\$430/mo	\$6250/\$625/mo

<u>VPK Fours & Fives Program</u>	
VPK Only (9:00 am – 12:00 pm) No Registration Fee Required	No Charge
Open – 1:00 pm – Registration fee \$50.	\$2200/\$220/mo
Open - Close - Registration fee - \$175.00	\$4200/\$420/mo
Open-Close Non-VPK - Registration fee - \$175.00	\$5000/\$500/mo

Discounts (only one may be used): Church mem Sibling Staff

Extended Care

FUMC Preschool will offer extended care as it is available outside the hours designated on the contract. This applies for any student staying after 1:00 pm that is not enrolled in a full time program. The charge will be for one hour after 15 minutes past the hour.

The additional hourly rates are as follows:

2's	\$8.50 per hour
3's	\$7.50 per hour
4's	\$6.50 per hour

I agree to pay _____ in monthly/yearly tuition to FUMC Preschool. Tuition is due the 1st of each month regardless of attendance or holidays. I further understand that I will be charged a \$40.00 late fee if paid after the 15th of the month.

Holiday programs and summer programs are an additional cost.

I agree to follow the guidelines of FUMC Preschool as stated in the handbook (available on line).

Parent Signature: _____ Date: _____

Registration Paid: _____ Date: _____

E:Mail: _____

Credit Card# _____ Exp Date: _____

3 digit code: _____ Zip Code of Credit card: _____