

# Tuition Guide

## Fall 2016

### Infant Class (6 months-12 months):

Two Days a Week =\$135.00 a month

Three Days a Week=\$165.00 a month

Four Days a Week =\$195.00 a month

### Toddler Class (12 months +):

Two Days a Week =\$135.00 a month

Three Days a Week=\$160.00 a month

Four Days a Week =\$190.00 a month

### Two Year Old Class:

Two Days a Week= \$130.00 a month

Three Days a Week=\$155.00 a month

Four Days a Week =\$185.00 a month

### Three Year Old Class:

Three Days a Week=\$155.00 a month

Four Days a Week =\$185.00 a month

### Pre-K Class:

Four Days a Week =\$185.00 a month

\*A 10.00 monthly discount will be given to families with more than one child.

\*Tuition prices do not change with age, ONLY with class placement.

### Additional Fees:

\$20.00 per child Curriculum/Supply Fee one time only

\$50.00 per child Music Together Fee per semester, \$30.00 for second child

# Kids Place Preschool

Central United Methodist Church  
200 E. Marion St.  
Shelby, NC 28150  
704-487-6357

## ENROLLMENT AGREEMENT

Full name of child \_\_\_\_\_

Name child is called \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name of mother \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street or Box City State Zip

Full name of father \_\_\_\_\_

Mailing address \_\_\_\_\_  
(if different from above)

Home Phone \_\_\_\_\_ Business/Cell phone, Mother \_\_\_\_\_  
Business/Cell phone, Father \_\_\_\_\_

Email address: \_\_\_\_\_

Physician \_\_\_\_\_

Names and phone numbers to whom we may release your child and/or  
contact in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Age child will be on Aug. 31<sup>st</sup> \_\_\_\_\_

Check number of days you would like your child to attend (some classes may not be open every day) \_\_\_M\_\_\_W\_\_\_TH\_\_\_F

Amount of registration fee \$\_\_\_\_\_ Monthly fee \$\_\_\_\_\_

Acceptance of this enrollment form and the registration fee of \$40.00 assures your child a place in our preschool. In return, we expect that you will honor your enrollment for the school year unless you move from the city or some unusual circumstance makes a mutual agreement to dissolve the contract the most advantageous arrangement for the child.

I agree to honor this enrollment and pay the monthly fee on the first day of each month that my child attends Kids Place. In case I do need to remove my child from the program, I will give two weeks notice or pay for that time.

Date\_\_\_\_\_ Signed\_\_\_\_\_ (Parent or legal guardian)

For office use only:

\_\_\_\_\_ Enrollment form and fee received. Date\_\_\_\_\_

\_\_\_\_\_ Emergency Form received.

\_\_\_\_\_ Medical Form received.

\_\_\_\_\_ Blanket Field Trip form received.

\_\_\_\_\_ Publication Permission form received.

\_\_\_\_\_ Account Info form received.

\_\_\_\_\_ Discipline form received.