

Tuition Guide

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 Fee (2 yr- PreK class) one time only

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. 31st _____

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.