

# 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.