

CROSS MY HEART PROGRAM



Alvin First United Methodist Church

Pre-Registration Form

Please Print

Full name of Child _____ Circle one: Boy or Girl _____

Name Child is called _____ Birth date _____ Child's age Sept. 1st _____

Full name of Father _____

Full name of Mother _____

Mailing Address _____

Street or P.O. Box _____ City _____ Zip _____

Home Phone: _____ Other Phone, Father: _____

Other Phone, Mother: _____

Parent's email _____

Tuition and Fees Schedule 2010-2011

_____ \$75.00 *non-refundable* Registration Fee attached. Make checks payable to FUMC and denote "**Registration Fee, & Child's name**" on the memo line.

Fall Supply Fee	\$65.00	Due with September tuition
Spring Supply Fee	\$65.00	Due with January 2011 tuition

_____ 3 year-old Class 3 Days (Mon-Wed) \$130.00 / month

_____ 4 year-old Class 3 Days (Mon-Wed) \$130.00 / month

CMH preschool will meet 3 days a week starting on September 7, 2010 following the AISD schedule. Your child's class will be determined by their age as of September 1, 2010.

All classes meet from 8:30 am to 11:30 am.

ALL TUITION PAYMENTS ARE DUE BY THE FIRST CLASS DAY OF EACH MONTH.

Cross My Heart Preschool's receipt of this registration form **and** the *non-refundable* registration fee of \$75.00 reserves your child's place in our program on a first-come, first-served basis. In return, we expect that you will honor this registration for the term unless some unusual circumstance makes it mutually agreeable to dissolve the contract in the most advantageous arrangement for the child.

I agree to honor the registration as described above. In the event I need to remove my child from this program, I will give two weeks advance written notice.

Date _____ Signed _____

(Parent or Legal Guardian)