

FIRST UNITED METHODIST CHURCH

MOTHER'S DAY OUT PROGRAM

801 West Avenue B
Garland, Texas 75040-6216
Telephone: (972) 494-3096

FOR OFFICE USE ONLY
Date Received _____
Fee: \$ _____
Check No. _____ Cash _____

EXTENDED DAY --- SUMMER 2008 ENROLLMENT FORM

EXTENDED DAY CARE (2:00 p.m. until 5:00 p.m.)

Fees: Registration: \$15.00 (per child/per session) Tuition: June \$15.00
July \$75.00
_____ Tuesday (Summer - begins (6/24/08) Aug. \$30.00

1. The registration fee (\$15.00) is payable before a child is accepted into the program.
2. A registration fee is payable for each session in which you are enrolling.
3. **The monthly fee will be payable with your monthly tuition check.**
4. The monthly fee is payable whether or not the session is attended.
5. Parents are responsible for payment until the program is notified in writing that the child is being withdrawn.
6. There will be a \$10.00 late fee assessed if monthly fees are not paid by the 10th of the month.
7. There will be a \$5.00 late fee assessed for every (5) minutes the child is picked up after 5:00 p.m.

THE ENROLLMENT FEE IS NON-REFUNDABLE.

Child - Full Name (Last First Middle) Child - Age Sept. 1, 2008

Name Called by Parents Sex Birthdate

Signature of Mother, Father, or Guardian

THIS FORM WILL BE ATTACHED TO THE SUMMER MOTHER'S DAY OUT ENROLLMENT FORM AND WILL BE CONSIDERED A PART OF THAT FORM.