CHRIST CHURCH CHILDREN'S EDUCATION CENTER

Kindergarten Registration Form 2024-2025

Child's Name_____ Date of Birth _____/_____/_____

Name Called _____ M _____ F_____ Home Phone _____

Address _____City _____ Zip _____

Mother's Name _____ Father's Name _____

Mother's Wk #_____ Father's Wk # _____

Mother's Cell # _____ Father's Cell #_____

Mother's Email:_____ Father's Email:_____

Kindergarten Fees

Registration Fee (non-refundable)	Tuition	Start Date
$300 Registration/Supply Fee (per child)	___$800/month - Kindergarten ___$1,200/month - Kindergarten with before and after school care	___/____/_____ *First Day of Kindergarten will be on 8/14/2023.

Member of Christ Church United Methodist? No _____ Yes _____CCUM members receive a $50 discount on registration fees.
Please make checks/money orders payable to CEC-CCUM. *Cash & credit cards are not accepted.

*Your child's start date is agreed upon between parent and provider at the time of registration. For us to continue to hold your child's spot, tuition is due on the date that is agreed upon above. Your signature below indicates your understanding that registration fees are non-refundable. A signed contract is required to confirm enrollment.
*We request written notice 30 days prior to withdrawal. A full month's tuition is incurred for less notice.

Parent Signature _____ Admission Date _____

For Office Use Only
Registration Fee $ _____ Check # _____ Cash/Receipt # _____ Received by: _____
Primary Billing: ◯ Mother ◯ Father

Copy given to teacher: ◯ Registration Form ◯ Enrollment Packet   Key Fob Number: _____
Entered into Sandbox: ◯ Registration Form ◯ Enrollment Packet   Watch Me Grow Approved: _____
Parent Portal Sent: _____   Background Check: ◯ Mother ◯ Father
Welcome Packet: _____   Copy of Drivers License: ◯ Mother ◯ Father