



Greensburg United Methodist Church
LOVING HANDS PRESCHOOL
2020/2021 Enrollment Agreement
 www.loving-hands.org



Child's Name: _____ Birthdate: _____

Name your child will go by in class (includes nameplates, etc.) _____

Parent/Guardian Name(s): _____

Address: _____ City _____
 Zip _____

Phone Numbers: Primary(home/cell) _____ Secondary(work/cell/other) _____

Email: _____

Class (Please mark the appropriate space)

- _____ **Preschool** – Tu/Th Mornings (9:00-11:30 a.m.) - \$135.00 per month
Must turn 3 on or before 9/30/2020
- _____ **Preschool** – M/W Mornings (9:00-11:30 a.m.) - \$135.00 per month
Must turn 3 on or before 9/30/2020
- _____ **Preschool** – Tu/Th Afternoons (12:30-3:00 p.m.) - \$135.00 per month
Must turn 3 on or before 9/30/2020
- _____ **Preschool** – M/W Afternoons (12:30-3:00 p.m.) - \$135.00 per month
Must turn 3 on or before 9/30/2020
- _____ **Pre-Kindergarten** – M/W/F Mornings (9:00-11:30 a.m.) - \$155.00 per month
Must turn 4 on or before 9/30/2020
- _____ **Pre-Kindergarten** – Tu/Th/F Mornings (9:00-11:30 a.m.) - \$155.00 per month
Must turn 4 on or before 9/30/2020
- _____ **Pre-Kindergarten** – M/W/F Afternoons (12:30-3:00 p.m.) - \$155.00 per month
Must turn 4 on or before 9/30/2020
- _____ **Pre-Kindergarten** – Tu/Th/F Afternoons (12:30-3:00 p.m.) - \$155.00 per month
Must turn 4 on or before 9/30/2020
- _____ **Full Day Transitional Kindergarten** – M/Tu/W/Th (9:00 a.m. -3:00 p.m.) - \$370.00 per month
Must turn 5 on or before 7/31/2021 AND have already completed one year of preschool
- _____ **Half Day Transitional Kindergarten** – M/Tu/W/Th Mornings (9:00-11:30 a.m.) - \$185.00 per month
Must turn 5 on or before 9/30/2020
- _____ **Half Day Transitional Kindergarten** – M/Tu/W/Th Afternoons (12:30-3:00p.m.) - \$185.00 per month
Must turn 5 on or before 9/30/2020

I agree to pay the tuition as marked above. I agree to pay a **non-refundable registration fee of \$75.00** (due with this form). I have read and understand the tuition policies in the parent handbook and agree to be governed by them. Prices are subject to change with appropriate notice.

Signature of Parent/Guardian: _____ Date _____

OFFICE USE ONLY	
Reg Fee \$	_____
Referral	_____
CASH	Check # _____
Date Received	_____