



REGISTRATION 2023-2024

Child Name		Birthdate	Gender
Address (street)		School District	
City	State	Zip	Family's place of Worship
Parent #1 Name		Cell Phone Number	
Address		Work Phone Number	
Place of Employment		Work Schedule	
Work Address			
Email Address			
Parent #2 Name		Cell Phone Number	
Address		Work Phone Number	
Place of Employment		Work Schedule	
Work Address			
Email Address			
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) AT LEAST ONE LOCAL EMERGENCY CONTACT IS REQUIRED			
Name		Relationship to child	Phone Numbers
Address (street, city, state, zip)			
Name		Relationship to child	Phone Numbers
Address (street, city, state, zip)			
AUTHORIZATION FOR EMERGENCY MEDICAL CARE			
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE. IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE: CIRCLE OF FRIENDS PRESCHOOL – TO CONTACT THE FOLLOWING:			
PHYSICIAN OR CLINIC			
Name		Telephone Number	
PREFERRED HOSPITAL			
Name		Telephone Number	

For office use Date Enrolled _____
 Check # _____ Start Date: _____

PROGRAM SELECTION

Circle of Friends Registration 2023-2024

Child Name: _____

Please indicate your preferred program choices. The session that your child will attend is not guaranteed. Mark (1) by your first choice and mark (2) by your second choice for. Please circle preferred days and check availability.

1 YEAR OLD PROGRAM		BIRTHDAY BETWEEN 8/1/2021-7/31/2022	
____ Five Days	Monday – Friday	9 am-11:30 am	\$525/month
____ Four Days	Monday Tuesday Wednesday Thursday Friday	9 am-11:30 am	\$425/month
____ Three Days	Monday Tuesday Wednesday Thursday Friday	9 am-11:30 am	\$325/month
____ Two Days	Monday Tuesday Wednesday Thursday Friday	9 am-11:30 am	\$225/month

2 YEAR OLD PROGRAM		BIRTHDAY BETWEEN 8/1/2020 – 07/31/2021	
____ Five Days	Monday – Friday (Extended)	9 am–1 pm	\$675/month
____ Four Days	Monday – Thursday	9am -11:30 am	\$375/month
____ Three Days	Monday, Wednesday, & Friday (Extended)	9 am–1 pm	\$450/month
____ Two Days	Tuesday & Thursday (Extended)	9 am–1 pm	\$300/month
____ Two Days	Monday & Wednesday	9 am–11:30 am	\$200/month
____ Two Days	Tuesday & Thursday	9 am–11:30 am	\$200/month

3 YEAR OLD PROGRAM		BIRTHDAY BETWEEN 8/1/2019 – 7/31/2020	
____ Five Days	Monday – Friday	9 am–1 pm	\$625/month
____ Three Days	Monday, Wednesday, & Friday	9 am–1 pm	\$400/month
____ Two Days	Tuesday & Thursday	9 am–1 pm	\$275/month
____ Learning Studio	Monday Tuesday Wednesday Thursday Friday	1 pm–3 pm	\$65/day

4 & 5 YEAR OLD PROGRAM		BIRTHDAY BETWEEN 8/1/2017 – 7/31/2019	
____ Five Days	Monday – Friday	9 am–1 pm	\$550/month
____ Four Days	Monday – Thursday	9 am–1 pm	\$450/month
____ Three Days	Monday, Wednesday, & Friday	9 am–1 pm	\$350/month
____ Two Days	Tuesday & Thursday	9 am–1 pm	\$250/month
____ Learning Studio	Monday Tuesday Wednesday Thursday Friday	1 pm–3 pm	\$65/day/month

BEFORE SCHOOL CARE PROGRAM – All Ages	7AM-9AM	MONDAY-FRIDAY	\$65 /day/month
<i>For All Preschool Ages</i>			
Circle Desired Days: Monday Tuesday Wednesday Thursday Friday			
Total # of days = _____			
\$65 x's # of days = _____ = _____ per month			

Enrollment Agreement 2023-2024

Child Name: _____

\$ _____ \$150 Registration Fee

\$ _____ \$125 Registration Fee (early/sibling)

\$ _____ \$ Total May 24 Tuition including before
care and Learning Studio Charges)

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\$ _____ Amount due at time of registration

Registration fee(s) and May 2024 tuition are due at the time of enrollment.

Circle of Friends Preschool accepts credit cards (fee applies) or checks made payable to Manchester UMC.

IMPORTANT: FINANCIAL POLICIES, TERMS & CONDITIONS AND HEALTH AGREEMENTS

1. I acknowledge and agree that all registration fees are **nonrefundable** once paid.
2. I acknowledge and agree to pay a **\$25 late fee** if my account is not paid in full by the 10th day of each month.
3. I acknowledge and agree that my pre-paid tuition for May 2024 is **non-refundable** after July 1, 2023, or 14 days after my child is enrolled (whichever occurs later), unless the child 1.) is moving out of state; 2.) has been advised by their physician that they may not attend preschool; 3.) has qualified for services from the Special School District that Circle of friends does not offer; or 4.) the child's program is cancelled for the remainder of the school year. If I choose to withdraw my child for any other reason, I agree to forfeit the pre-paid May 2024 tuition in full.
4. I acknowledge and agree that if I choose to withdraw my child from this preschool program during the school year, tuition for the month of the withdrawal effective date is **non-refundable** and I agree to forfeit it in full.
5. I acknowledge and agree that the Preschool Director may dismiss my child from any or all programs with 7 days advance notice. Should this occur, any pre-paid tuition will be refunded/credited for any time after the 7 days.
6. I acknowledge and agree that Circle of Friends reserves the right to combine or cancel classes at any time. If my child's class is cancelled by Circle of Friends, I agree that my tuition for that month will be pro-rated and I will be refunded any tuition paid for the period after the last day classes were held.
7. I acknowledge and agree that if my child's class is suspended for 14 school days or less, I will not be entitled to any tuition refund or reduction for those days. If my child's class is suspended for longer than 14 school days and a virtual learning option is not offered, I agree that my tuition for that month will be pro-rated and I will be refunded/credited for any school days remaining in the month (beyond the 14 days) that my child's class did not meet.
8. When my child is ill, I understand that my child may not attend Circle of Friends. Please refer to the health policies and procedures section of the Parent Handbook for specific information.
9. I understand and agree that if any conflict exists between this enrollment agreement and the Parent Handbook or other preschool publications, websites or documents, the terms of this enrollment agreement will prevail.
10. I agree that if my account has a balance due, that amount will first be deducted from any refund that I may be eligible to receive.
11. I understand that the Missouri Department of Health required inspection form is available for review at the preschool office
12. I understand that a parent or guardian of a child enrolled in or attending Circle of Friends may request notice of whenever there are any children enrolled in the facility with an immunization exemption on file. The names of individual children are confidential and will not be released.
13. I acknowledge that Circle of Friends is a ministry of Manchester United Methodist Church ("Manchester UMC").
14. I acknowledge that all preschool policies, procedures and practices, both formal and informal, are subject to change at the sole discretion of the Preschool Director and Manchester UMC Leadership.

Please read this entire agreement before signing and save a copy for your records. It contains important information.

By signing below, I certify that I am at least eighteen (18) years of age; have carefully read, understand and agree to the terms and conditions of this enrollment agreement. This agreement may not be modified or amended except in writing signed by both parties.

Parent/Guardian Signature _____

Date: _____

Parent/Guardian Printed Name: _____

Director Initials: _____