



REGISTRATION 2026-2027

Child Name	Birthdate	Gender		
Address (street)	School District			
City	State	Zip	Family's place of Worship	Child has allergies? Y N
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 2026-2027

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 & 2 YEAR OLD PROGRAM		BIRTHDAY BETWEEN 8/1/2024-7/31/2025	
<input type="checkbox"/> Five Days	Monday – Friday	9 am-11:30 am	\$556.50/month
<input type="checkbox"/> Four Days	Monday Tuesday Wednesday Thursday Friday	9 am-11:30 am	\$477/month
<input type="checkbox"/> Three Days	Monday Tuesday Wednesday Thursday Friday	9 am-11:30 am	\$371/month
<input type="checkbox"/> Two Days	Monday Tuesday Wednesday Thursday Friday	9 am-11:30 am	\$265/month

2 & 3 YEAR OLD PROGRAM		BIRTHDAY BETWEEN 8/1/2023 – 07/31/2024	
<input type="checkbox"/> Five Days	Monday – Friday (Extended)	9 am-1 pm	\$715.50/month
<input type="checkbox"/> Four Days	Monday – Thursday	9am -11:30 am	\$424/month
<input type="checkbox"/> Three Days	Monday, Wednesday, & Friday (Extended)	9 am-1 pm	\$503.50/month
<input type="checkbox"/> Two Days	Tuesday & Thursday (Extended)	9 am-1 pm	\$344.50/month
<input type="checkbox"/> Two Days	Monday & Wednesday	9 am-11:30 am	\$238.50/month
<input type="checkbox"/> Two Days	Tuesday & Thursday	9 am-11:30 am	\$238.50/month

3 & 4 YEAR OLD PROGRAM		BIRTHDAY BETWEEN 8/1/2022 – 7/31/2023	
<input type="checkbox"/> Five Days	Monday – Friday	9 am-1 pm	\$662.50/month
<input type="checkbox"/> Three Days	Monday, Wednesday, & Friday	9 am-1 pm	\$450.50/month
<input type="checkbox"/> Two Days	Tuesday & Thursday	9 am-1 pm	\$318/month
<input type="checkbox"/> Learning Studio	Monday Tuesday Wednesday Thursday Friday	1 pm-3 pm	\$75/day/month

4 & 5 YEAR OLD PROGRAM		BIRTHDAY BETWEEN 8/1/2020 – 7/31/2022	
<input type="checkbox"/> Five Days	Monday – Friday	9 am-1 pm	\$583/month
<input type="checkbox"/> Four Days	Monday – Thursday	9 am-1 pm	\$503.50/month
<input type="checkbox"/> Three Days	Monday, Wednesday, & Friday	9 am-1 pm	\$397.50/month
<input type="checkbox"/> Two Days	Tuesday & Thursday	9 am-1 pm	\$318/month
<input type="checkbox"/> Learning Studio	Monday Tuesday Wednesday Thursday Friday	1 pm-3 pm	\$75/day/month

BEFORE SCHOOL CARE PROGRAM – All Ages		7am-9am	Monday-Friday	\$75/day/month			
<u>For All Preschool Ages</u>							
Circle Desired Days:		Monday	Tuesday	Wednesday	Thursday	Friday	
Total # of days per week =							
\$75 x's # of days per week =		= _____ per month					

Enrollment Agreement 2026-2027

Child Name: _____

\$ _____ \$150 Registration Fee – after April 1, 2026
\$ _____ \$125 Registration Fee (early- before April 1st/sibling)
\$ _____ \$ Total May 27 Tuition including before care and Learning Studio Charges)
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\$ _____ Amount due at time of registration

Registration fee(s) and May 2027 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 2027 is **non-refundable** after July 1, 2026, 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 2027 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: _____