

First United Methodist Church of Arlington Heights Preschool

2024-2025 Registration Form

Check one: OFFICE USE ONLY

Church/Board Member

Current Family

Former Family

New Family

Please attach a check for the \$100 Registration Fee*

Child's Name _____

Birthdate _____ Male _____ Female _____

Parents'/Guardians' Names _____

Address _____

Primary Cell Phone _____ Primary Email address _____

Secondary Cell Phone _____ Secondary Email address _____

Which school district will your child attend? _____

Class Choice for Young Preschool (Turning 3 between September 1, 2024 and December 31, 2024)

_____ Monday/Friday 9:00am-11:30am **\$225/month**

Class Choice for 3-Year-Old (Must be 3 by September 1, 2024)

_____ Tuesday/Thursday 9:00am-11:30am **\$225/month**

_____ Monday/Wednesday/Friday 9:00am-11:30am **\$300/month**

Class Choices for 4-Year-Old (Must be 4 by September 1, 2024)

_____ Monday/Wednesday/Friday 9:00am-11:30am **\$300/month**

_____ Tuesday/Wednesday/Thursday/Friday 9:00am-11:30am **\$350/month**

_____ Monday/Tuesday/Wednesday/Thursday/Friday 9:00am-11:30am **\$400/month**

_____ **I am signed up for Tuition Express and authorize the \$100 to be charged to my account now and the September tuition amount to be charged on May 1st. Otherwise an \$100 check is required now and another check for September tuition will be due May 1.**

Parent Signature _____ Date _____

*\$100 Registration fee is non-refundable

