



Student Registration Form 2024-2025

Child's Birth Name: _____ Child's Birthdate: _____

Child's Preferred Name: _____ Male _____ Female _____

Parent's Name: _____ Parent's Name: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Mailing Address: _____
Street City State Zip Code

How did you hear about us? _____

Please indicate your class preference

Older 2's/3 Year-old 2 day Class

Tue/Thu \$225/month 9:00 am—12:00 pm _____

***Children must be 3 years old by January 31, 2025**

3 Year-old 3 day Class

Mon/Wed/Fri \$295/month 9:00 am—12:00 pm _____

***Children must be 3 years old by September 30, 2024**

Pre-K 4 Year-old 4 day Class

Mon thru Thu \$395/month 9:00 am—12:00 pm _____

***Children must be 4 years old by September 30, 2024**

Friday Enrichment Class

Fridays \$85/month 9:00 am—12:00 pm _____

***Children must be enrolled in a Pre-K 4's class**

CHECK ONE

_____ Harmony Methodist Church member _____ Alumni family _____ Open Enrollment

ADMINISTRATIVE USE:

Date Received _____ Class Placement _____ Reg Fee Paid _____ Notification Emailed _____

Does your child have any allergies or sensitivities to ANY substance (food, animals, pollen, dust, insects, soaps, etc.)? If so, how are they manifested (rash, stomach ache, runny nose, breathing difficulties)?

Does your child have any dietary restrictions? If so, please describe them in detail.

Please use this space to provide an additional information that would be helpful to our staff in planning for your child to attend our program such as fears, dislikes, or medical conditions.

Acceptance of this form along with the non-refundable \$125 registration fee reserves your child a place in Harmony Preschool for the year beginning September 2024. Checks should be made payable to Harmony Preschool. If a class is full or canceled due to lack of enrollment the registration fee will be refunded. In return, we expect that you will honor your child's enrollment for the term unless you move or it is mutually agreed that dissolving this contract would be the most advantageous agreement for your child.

I agree to honor this registration form as described above. In case I do need to remove my child from the program, I will give 30 days' notice or pay for this time.

Parent Signature _____ Date _____