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

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
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)?

ADMINISTRATIVE USE:

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

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 _____