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First payment - check #

Date rec'd

Registration #

**MERIDIAN STREET UNITED METHODIST CHURCH
CHILDREN'S DAY IN REGISTRATION FORM
SUMMER 2009 "CAMP CDI"**

6 weeks: Tuesday June 2 through Thursday July 9

PLEASE PRINT

Complete one form for each child.

CHILD'S NAME _____ DATE OF BIRTH _____

MOTHERS NAME _____ PHONE h) _____ w) _____ cell) _____

FATHERS NAME _____ PHONE h) _____ w) _____ cell) _____

ADDRESS _____ ZIP CODE _____

Email address _____

MEMBER OF MSUMC: YES _____ NO _____

CURRENTLY ENROLLED IN CDI: YES _____ NO _____

I am enrolling my child in the following Nursery School class(es):

Must turn 9 months by 6/1/09- the nursery school classes will be divided by age groups once registraion closes.

_____ **TUESDAY** 9:00 – 1:00 \$125. Summer Tuition

_____ **WEDNESDAY** 9:00 – 1:00 \$125. Summer Tuition

_____ **THURSDAY** 9:00 – 1:00 \$125. Summer Tuition

I am enrolling my child in the following Preschool class(es):

Must have turned 3 years old by 9/1 of the prior year and not yet attended Kindergarten.

_____ **TUESDAY** 9:00 – 1:00 \$150. Summer Tuition

_____ **WEDNESDAY** 9:00 – 1:00 \$150. Summer Tuition

_____ **THURSDAY** 9:00 – 1:00 \$150. Summer Tuition

A NON-REFUNDABLE, NON-TRANSFERABLE registration fee of \$50.00 per child needs to accompany this form to reserve your position in the Summer Session until May 1. The full amount of your summer tuition is due May 15. After this date, all unsecured positions will be released to the next person on our waiting list. All prepaid tuition payments are NON-REFUNDABLE & NON-TRANSFERABLE unless you are moving from Marion County or the contiguous counties. Minimum enrollment is required for each class to be offered.

PLEASE SIGN AND DATE PARENT CONTRACT ON THE BACK OF THIS FORM.

CHILDREN'S DAY IN -PARENT CONTRACT SUMMER PROGRAMS

I agree to comply with the policies and procedures of Meridian Street United Methodist Church's Children's Day In Program as set forth in the Children's Day In Parent Handbook. In summary, these policies are as follows:

CDI Fees

A *non-refundable, non-transferable* registration fee must accompany this completed registration form for each child. Summer tuition is due by May 15th. If payments are not received by this date, unsecured positions will be released to the next person on our waiting list. All prepaid tuition payments are *non-refundable & non transferable* unless moving from Marion County or the contiguous counties. If you are registering after any of the above due dates, any previously due payments must be made in full upon registration.

Tuition Policies

1. All registration fees and tuition paid in advance are *non-refundable and non-transferable* unless moving out of Marion County and the contiguous counties.
2. Summer tuition will be billed on May 1st with payment due on May 15th. After this date, all unsecured positions will be released to the next person on our waiting list.
3. If you are unable to pay your tuition, please contact the CDI office to work out a payment plan. If you are unable to work out or honor a payment plan we will have to ask you to leave the program.
4. There will be a \$25 charge on all returned checks, payable in cash or a certified check.
5. Tuition checks should be made payable to MSUMC-CDI and brought or mailed to the CDI office at MSUMC.
6. No refunds will be made if the school is closed due to unavoidable circumstances such as bad weather or building maintenance problems.
7. Thirty days written notice is required for a child's withdrawal from the program. Parents are responsible for the entire amount of tuition through the thirty day period.
8. Parents will be assessed a late fee of \$1.00 per child for every minute a child is left past dismissal time.

Summer Camp CDI Tuition and Fees

	Reg. Fee	Tuesday	Wednesday	Thursday
Nursery School Tuition	\$50	\$125	\$125	\$125
Preschool Tuition	\$50	\$150	\$150	\$150

Absences

I understand that if my child is absent from the program for illness or other reasons, I will continue to pay tuition unless he/she is formally withdrawn.

Health

I agree that my child will be in good health and free of communicable diseases each day he/she participates and will have the necessary immunizations or required waivers. Please refer to the State Board of Health guidelines outlined in the CDI Parent Handbook.

Refunds

I understand no refunds will be given for program cancellations.

Illness or Injury

In the event of serious illness or accident as determined by the Director or other personnel designated by the Director, I understand that an ambulance will be summoned to transport the child to a medical facility. I agree to assume the responsibility for any and all costs incurred for the ambulance service and/or emergency medical care provided.

Date _____ Signed _____