

Noblesville Methodist 
Preschool
& Parent's Day Out

L.E.A.P. REGISTRATION FORM

Children ages 2 to 4 years

2017-2018

Child's Name _____ Birthday ___/___/___ M or F

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Emergency Contact _____ Relationship to Child _____ Phone _____

Church Membership of Family _____

Where did you hear about our program? _____

Program hours are 9:00 A.M. – 11:00 A.M., Wednesdays

REGISTRATION FEE: \$65.00/ first child, \$45.00/ second child

LEAP TUITION: \$47.00 per month

EQUIPMENT FEE: \$30.00 per year

The **non-refundable** registration fee **must** accompany this form along with your supply fee. Your first & last month's tuition fees are payable **July 15-August 15, 2017**. Make checks payable to **NOBLESVILLE METHODIST PRESCHOOL PDO**.

I agree that my child shall be in good health & free of communicable diseases on the days he/she participates in the program. Also, I agree to continue to pay tuition if my child is absent from the program due to illness or other reasons, unless he/she is formally withdrawn from the program.

Signature of Parent or Guardian Date _____

E-mail address (Required) _____

Check here to opt- out of electronic communication from our church (such as upcoming activities, monthly newsletter, etc.)