UNIVERSAL CITY UNITED METHODIST KIDS' DAY OUT PROGRAM **ENROLLMENT APPLICATION FOR SCHOOL YEAR 2017-2018**

Child's Name	Name called		
Birthday	Boy	Girl	
Age as of Sept.1	(in months if unc	ler 3 years)	
Parent's Name			Home Phone
Address	City		_ Zip code
E-mail address			
Occupation (Mom)		(Dad)	
Work Phone (Mom)		Work Phone ((Dad)
Cell Phone (Mom)		Cell Phone (L	Dad)
Please reserve a place for my child in the following class:			
Class: Caterpillars	Lady Bugs E	utterflies	Busy Bees
Registration fee is \$60. The registration fee is non- refundable.			
There is a supply fee of \$50 due twice a year (September and January)			

The tuition is \$240 per month, payable by the first school day of each month, September through May. I further understand that if I terminate my child's enrollment at the Universal City United Methodist Kids' Day Out, 2 (two) weeks notice is required to be given by me in order to withdraw my child with no further tuition due. No refunds will be given for tuition already paid for the month.

LATE FEE POLICY: Tuition payments made after the 10th day of any month will be assessed a \$10.00 late fee. If my child's tuition payment is more than 60 (sixty) days late, interest on the amount delinguent will accrue at the rate of 6% per month. If the services of an attorney are required to collect delinquent tuition fees, I hereby agree to pay all attorney's fees and court costs in addition to the tuition due.

Should my child's tuition be 60 (sixty) days delinguent. I understand that my child's participation in the Universal City United Methodist Kids' Day Out Program will be immediately terminated.

How did you hear about our program?_____

Signature of Parent or Guardian

Date