



Universal City United Methodist Kids' Day Out

2026-2027

ENROLLMENT AND TUITION APPLICATION

This portion will be filled out by the director. The Director will place your child in the appropriate class.

Registration Fee Paid \$

Supply Fee Paid \$

Class:

Please enroll my child in the below program at Universal City United Methodist Kids' Day Out. If assistance is needed, please do not hesitate to contact the program director.

Child's Full Name: _____

Gender (circle): Male / Female

Name the Child Goes By: _____

Date of Birth: ____ / ____ / ____

Parent's Name: _____

Parent's Name: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Mailing Address: _____

Mailing Address: _____

Kids' Day Out Programs

-Please select a program below-



2 Days- Tue/Thur- 9am-3pm
\$305 monthly



3 Days- Tue/Thur/Fri- 9am-3pm
\$395 monthly

If you are looking for a half day option, 9am – 12pm, please speak with the KDO director.

The total tuition for my child will be \$_____ per month, payable on the 1st day of each month, September through May. I understand that if I terminate my child's enrollment at Universal City United Methodist Kids' Day Out, I am required to give two weeks written notice. I understand that I will pay tuition for those two weeks, and no refunds will be issued for tuition already paid for the month. A \$150 registration fee (non-refundable) is required to secure a spot in a classroom. In addition, I understand Semester Supply Fees of \$150 per semester will be due on September 30th and January 31st. Our program runs on tuition and fees; therefore, tuition and fees are non-refundable. Please initial: _____

LATE FEE POLICY: Tuition payments made after the 10th day of any month will be assessed a \$50.00 late fee. If my child's tuition payment is more than 60 (sixty) days late, interest on the amount delinquent will accrue at the rate of 6% per month.

If you need a different tuition due date other than the 1st of each month, or you need to split the monthly payment, please schedule this with the director.

** 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. Please initial: _____

**Should my child's tuition be 60 (sixty) days delinquent, I understand that my child's participation in the Universal City United Methodist Kids' Day Out program may be immediately terminated. Please initial: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Universal City United Methodist Kids' Day Out

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210-658-5761 option 2

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