

ABC Preschool
160 Johnson Avenue
Sycamore, Illinois 60178
779-222-4029 Fax 815-895-1042
Email: abcpreschool@sycamoreumc.org
Registration Form 2024-2025

Child's Name _____ Boy _____ Girl _____

Name child shall be called in the classroom _____ Child's Birthdate _____

Parent(s) or Guardian(s) Names _____

Child's Address _____
Street City State Zip

Daytime (Home) _____ Parent/Guardian Work Phone _____

Parent/Guardian Cell Phone _____ Parent/Guardian Work Phone _____

Parent/Guardian Cell Phone _____ Email Address _____

_____ Member at SUMC _____ Member of another church _____ not a member at any church

_____ Currently enrolled in ABC Preschool Church Affiliation _____

Tuition Contract/Refund Policy

\$50.00 of your \$100.00 registration fee is nonrefundable.

I have read and understand the refund policy as stated in the tuition contract. If for any reason I will be late with my payment, I will call the director to arrange a payment plan.

Parent/Guardian Date

In signing this tuition contract, I hereby agree to the rules and regulations set forth by ABC Preschool. A copy of the handbook will be provided at Parent Night.

Parent/Guardian Signature Date

Mandatory Fundraiser

Tuition is subsidized by two fundraisers that we do each year. These fundraisers contribute to our general budget. We are requiring that each family sell at least 20 items total between the 2 events. If you choose to opt out, you will need to donate \$100.00 to ABC Preschool. Fundraisers may be determined by the PTO.

Fundraising event (Choose one and initial)

_____ I will participate in the fundraising. I understand that if I do not to sell the minimum required items, I will donate to ABC Preschool, the remaining balance up to \$100.

_____ I will not be participating in either fundraiser. I will donate \$100 to ABC Preschool instead, no later than May 1, 2025.

_____ I will not be participating in either fundraiser. I will donate an additional \$11 per month in tuition.

_____ I will be taking advantage of the \$10.00 discount and pay \$90.00 by September 30, 2024.

Please indicate a **first and second choice**. Class placement is first come/first served and Director discretion.

<input type="checkbox"/> Pandas Class Monday, Wednesday, Friday	9:00-11:30	2 years old-choose 2 or 3 days	\$170/250 month
<input type="checkbox"/> Koalas Class Tuesday & Thursday	9:00-11:30	2 years old	\$170/month
<input type="checkbox"/> Sea Turtles Class Mon. through Friday	9:00-11:30	3 years old*	\$400/month
<input type="checkbox"/> Dolphins Class Monday, Wednesday, Friday	9:00-11:30	3 years old*	\$240/month
<input type="checkbox"/> Starfish Class Tuesday & Thursday	9:00-11:30	3 years old*	\$160/month
<input type="checkbox"/> Full Day/Daycare Monday-Friday	7:00-5:00	2-5 years old	\$40/day or \$200/week

*Children must be 3 by September 1, 2024, and must be toilet trained and self-reliant in the bathroom. Pull-ups are not allowed.

If you are registering for the 4 & 5-year-old programs below, you may add the Afternoon Adventures Class to your child's schedule. Tuition is based on 35 weeks of school. Listed below are the days offered and monthly tuition:

<input type="checkbox"/> Lions Class Monday through Friday	9:00-12:00	4 & 5-year-olds	\$450/month
<input type="checkbox"/> Penguins Class Monday, Wednesday, Friday	9:00-12:00	4 & 5- years old	\$285/month
<input type="checkbox"/> Polar Bears Class Tuesday & Thursday	9:00-12:00	4 & 5- years old	\$195/month

AFTERNOON ADVENTURE ADD-ONS AVAILABLE:
The cost per afternoon is a monthly charge in addition to your Program tuition.
Afternoon program only available on days child attends morning program.
Cost of this program includes lunch.

Cost:	Please check the number of days:	Please check days of choice & circle half day or full day:	
• 1 afternoon per week: \$130/month	<input type="checkbox"/> 1 day until 3:30	Monday	Half / Full
• 2 afternoons per week: \$260/month	<input type="checkbox"/> 2 days until 3:30	Tuesday	Half / Full
• 3 afternoons per week: \$390/month	<input type="checkbox"/> 3 days until 3:30	Wednesday	Half / Full
• 4 afternoons per week: \$520/month	<input type="checkbox"/> 4 days until 3:30	Thursday	Half / Full

Your program will be determined in the order that your registration is received and at the discretion of the Director. **To enroll your child, please return this form completed on both sides with a check including the \$100.00 registration fee per child.** You will receive a \$50.00 credit on your September tuition if **ALL OF YOUR PAPERWORK** is turned in no later than July 1, 2024. The remaining \$50.00 is non-refundable. You will receive written notification of payment and class placement. Any questions call Lisa at 779-222-4029. **New enrolling families** will need to include a copy of your child's birth certificate also.

I understand that:
 My child will not be enrolled without a physical that is dated after March 1,2024. The State of Illinois requires that all children admitted to preschool must receive a physical examination (Including a TB test or a waiver) dated within six months of enrollment. Immunizations must be up to date. If the child has not received immunizations for health reasons, a doctor must sign the form noting this. We will not accept religious beliefs nor personal exemption.

 Parent/Guardian Signature Date

Registrar's use only. Please do not write below this line.

Registration fee _____ Check # _____
 Birth Certificate _____ Current physical on file _____