

United Church of Broomfield Preschool 303-466-8355 ext. 13
825 Kohl St. Broomfield, CO 80020
www.broomfielducc.org

Preschool Registration School year 2009-2010
(Please fill out a separate form for each child)

Date _____ Child's Name _____ Nickname _____

Age on Sept. 30, 2009 _____ Male _____ Female _____ Birth Date _____

Parent/Guardian

Mother's Name

Father's Name

Address/City/Zip

Address/City/Zip

Home Phone

Work Phone

Home Phone

Work Phone

Only the parent/guardian listed on this form will be allowed to pick up your child, until all paper work is submitted, with emergency contacts.

Check below the program you are registering for:	Monthly Tuition
2 days a week Tuesday and Thursday 3 & 4 year olds _____	\$121.00
3 days a week Monday, Wednesday, Friday 3 & 4 year olds _____	\$163.00
4 days a week Monday through Thursday Pre-K _____	\$198.00

**** A deposit of \$25, plus a \$25 registration fee is required to hold your child's spot. This deposit and the registration fee are not refundable. ****

Church members, families currently enrolled in the preschool, and families who have had other children go through the program in the past, can register early on January 12th. Enrollment will be open to everyone on February 1st, until classes are filled. Church members receive a 10 % discount on tuition.

Office Use Only

Check # _____ Date Received _____ Amount _____ Staff Signature _____

Additional Information

Tuition is due by the 5th of the month. You will be billed a month ahead. There is a \$15.00 fee for all late tuition or bounced checks.

We do not prorate for sick days, holidays, or no-show days. Please see the parent handbook for school closure days. Generally, we are closed the same days that Kohl School is off.

Late pick up fees will be added to your invoice.

Lunch Bunch Program will be offered if staffing is available.

Paperwork in the fall must be completed **BEFORE** enrollment is finalized.

Children must be potty-trained, (no pull-ups) but if you have a child with special needs, we will assess the situation on an individual basis.

Please provide information below:

Language spoken at home _____.

Has your child been enrolled in a preschool program before? _____

Comments or concerns that would help with classroom placement:

I/We agree to accept full responsibility for the fees required for my child to attend the U.C.B. Preschool and have read and understand the policies listed on this form. I/We further understand that additional paperwork and a review of the parent handbook will be necessary to finalize enrollment in the fall.

Parent/Guardian Signature

Parent/Guardian Signature

Thank you for enrolling your child in the U.C.B. Preschool program. We look forward to working with you and your children. If you have any questions please call Nancy McKee at 303-466-8355 Ext. 13.