



2020-21

Annual Registration Packet

University **H**eights **U**nited **M**ethodist **C**hildren's **C**enter

4002 Otterbein Avenue

Indianapolis, IN 46227

(317) 787-5865

directorchris@uhumcc.com

Important: Please read thoroughly before submitting.

2020-21 Annual Registration, Security Deposit and Tuition Payment Information

A SECURITY DEPOSIT applies to first-time enrollees *only*. The security deposit is equal to one week's tuition for childcare families, or one month's tuition for preschool only enrollees, and will be applied to the final bill when care/ preschool is terminated.

CHILD CARE REGISTRATION: \$150.00 Individual or \$250.00 Family Rate (non-refundable)

SUMMER ONLY CHILDCARE: \$40.00 (non-refundable) covers care for June, July and August and is intended for children that will not enroll in the fall of 2020, but will be here for part or all of the summer.

PRESCHOOL ONLY REGISTRATION: \$75.00 (non-refundable)

DISCOUNTS: We offer a family discount for multiple children in our program.

\$20/week for families with 2 children in our program fulltime

\$30/week for families with 3 children in our program fulltime

PART TIME CHILD CARE FOR CHILDREN OVER AGE 1: \$60.00/ day

PART TIME CHILD CARE FOR CHILDREN ENROLLED IN A PRESCHOOL CLASS: \$7.00/hour

PAYMENT DUE DATES: Payments are due on the first day of the week in which the child attends or the first of the month for preschool only students. Currently we accept cash, check, CCDF and On My Way Pre-K vouchers for payments.

FULL TIME CHILD CARE RATES

(Rates change the week of the child's birthday)

Age 0 to 1	\$200/ week
Age 1	\$190/week
Age 2	\$185/ week
Age 3	\$180/week
Age 4&5 with Preschool MWF 9:00-2:00	\$175/week

PLEASE RETAIN THIS PAGE FOR YOUR RECORD

2020-21 PRESCHOOL REGISTRATION Four – Five Year Old Pre-K Classes

If your child is enrolled in a full time child care class, preschool classes are included in your weekly tuition at no extra cost. If you choose to come three days a week, your options are:

___ORANGE CLASS - Monday, Wednesday, Friday, 9:00 – 2:00, \$250.00 / month (must be 5 by Aug. 1, 2020)

*If you choose, you can also pick any three days. For example, Monday, Tuesday, Thursday

2020-21 CHILD CARE REGISTRATION

- **FOR SUMMER 2020 :** (infants through 5 year olds)

During the summer, my child will attend child care:

___Full Time

___Part Time *Part-time applies to children over age 1.

Please attach a schedule of dates/times your child will be in attendance.

___Not at all during the summer

In order to guarantee your child's place on the roster for fall 2020, the registration form and fee are due by June 7, 2020.

Date child care will end: _____ **Date child care will resume:** _____

- **FOR FALL 2020:** (Infants through age 5)
- In the fall, my child will attend child care:

___Full Time

___Part Time *Part-time applies to children over age 1.

Please attach a schedule of dates/times your child will be in attendance.

___Not returning to child care in fall..... Final date of child care: _____

STATEMENT OF FINANCIAL RESPONSIBILITY:

I understand that a security deposit equal to one week's tuition is required of all first-time enrolling families.\$_____(if applicable)

I understand that the registration fee is an annual fee, and that this fee is non-refundable if childcare needs change.

I agree to pay \$_____per week for childcare, OR \$_____ monthly for preschool only. Any changes to my child's schedule will be submitted two weeks prior to taking affect. I understand 5 days of vacation are given each calendar year which do not require payment.

I acknowledge accounts over two weeks behind are subject to collection and my child may be asked to leave the program.I acknowledge that a late fee of \$1.00 per minute goes into effect at 5:35 p.m. for children not picked up by close of business. Habitually late pick-ups may result in termination of care. I understand that UHUMCC will provide a two week notification to parents of any policy, program or rate changes.

2020-21 Children's Center Registration

Date: _____

To register your child, return this packet, with appropriate registration fee to:

Mrs. Christina Roberts
4002 Otterbein Avenue
Indianapolis, IN 46227Phone: 317-787-5865
Fax: 317-787-7696

Email: directorchris@uhumcc.com

Start Date _____

Office Use

_____ Annual Registration

Date Paid _____

_____ Security Deposit
(if applicable)

Date Paid _____

Child's Name _____ Sex _____ Due Date or DOB _____**Parent/Guardian's Name** _____

Address _____ Zip _____ Phone _____

E-mail address _____ Cell Phone _____

Employer _____ Hours at Work _____

Address _____ Zip _____ Phone _____

Parent/Guardian's Name _____

Address _____ Zip _____ Phone _____

E-mail address _____ Cell Phone _____

Employer _____ Hours at Work _____

Address _____ Zip _____ Phone _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other (relationship) _____**Which parent/ guardian should be contacted first in case of illness or emergency?**

In an emergency, contact (other than parents):

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

INDIVIDUALS AUTHORIZED TO PICK UP MY CHILD:

PLEASE LIST KNOWN ALLERGIES / MEDICAL CONDITIONS _____

Child's Physician: _____

Phone _____ Fax _____ Hospital Preference _____

EMERGENCY AUTHORIZATION I, the undersigned, hereby authorize the contact of the nearest physician or hospital in case of emergency involving the above named child in the event his/her parents or doctor cannot be reached.

Signed: _____ Date: _____

This form must be returned with the appropriate fee to guarantee your spot in our program.