

**THE CHILDREN'S CIRCLE AT MYERS PARK UNITED METHODIST CHURCH
TRANSITIONAL KINDERGARTEN ENROLLMENT APPLICATION**

Registration forms also available at www.thechildrenscircle.org - click on Application Info

REQUIRED for application processing. Please circle ONE for this child.			
Currently Enrolled	Sibling of a Child Currently Enrolled	Church Member Not Enrolled	Community

Child's Legal Name/Name to be called _____
 Child's Current Class/Teachers _____

Date of Birth: _____	Circle Gender: Boy or Girl
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Address _____ City _____ State _____ Zip _____

Mother/Guardian's Name _____ Mother/Guardian's Cell Phone _____

Father/Guardian's Name _____ Father/Guardian's Cell Phone _____

Home Phone _____ Family Email Address _____

Does your child have any special conditions, disabilities or allergies? Yes _____ No _____
 If yes, please specify: _____

Are your child's immunizations current per CDC requirements? Yes _____ No _____
Immunizations are required for a child to be enrolled.

Names and current ages of any siblings also applying to TCC _____

Are you a member of Myers Park United Methodist Church? Yes _____ No _____

To enroll in the Five Year Old Class a child must turn five years old by August 31.

_____ Transitional Kindergarten Year Old Class - (Monday – Friday) **Monthly Tuition \$465**

Payment Policy Information:
 At registration, the TK class requires a **NON-REFUNDABLE** one month's tuition deposit, in addition to the application fee.

If you accept placement in this class, a **NON-REFUNDABLE** commitment fee of two month's tuition must be paid on or before March 1, 2017. This will guarantee your position in the class. The three month's prepaid tuition (1 at registration and 2 by 3/1/17) will be applied to your last three tuition payments: March, April and May of 2018.

Application Fees: \$100.00 for the first child and \$50.00 for each additional child.
Please note, this fee is NON-REFUNDABLE for those children who are offered admission.
 Make checks payable to MPUMC and include "TCC Reg Fee/Tuition - *Your Child's Name*" in the memo line.
 1501 Queens Road, Charlotte, NC 28207, 704-376-5208, www.thechildrenscircle.org

I have read and understand the Payment Policy Information outlined above.

Parent/Guardian Signature _____ Date _____

TCC Office Use Only: Date _____ Application Fee Amount _____ Check # _____
 Enrolled _____ Wait List _____