



## TRANSITIONAL KINDERGARTEN ENROLLMENT APPLICATION

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:		Goes by:	
Date of Birth:		Gender:	Female      Male
Child's Current TCC Class/Teachers (if applicable):			

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Mother/Guardian's Cell Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Father/Guardian's Cell Phone \_\_\_\_\_

Primary Email Address \_\_\_\_\_ Home Phone (if applicable) \_\_\_\_\_

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 Class - (Monday – Friday)      Monthly Tuition **\$495**

**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 2, 2020. This will guarantee your position in the class. The three month's prepaid tuition (1st at registration and 2nd by 3/2/20) will be applied to your last three tuition payments: March, April and May of 2021.

**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 - *Your Child's Name*" in the memo line.

***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 \_\_\_\_\_