



TODDLERS - FOURS 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 _____

CLASS OPTIONS – (place a #1 and #2 beside first and second choices)

ALL CHILDREN ENROLLING IN THE FOLLOWING CLASSES MUST BE AGE ELIGIBLE BY AUGUST 31.

PLEASE NOTE THAT REQUESTS FOR CLASSES, CLASSMATES AND SPECIFIC TEACHERS CANNOT BE ACCEPTED.

	<u>Cost per Month</u>
_____ Toddlers/One year old (M/W)	\$290
_____ Toddlers/One year old (T/TH)	\$290
_____ 2 day 2 year olds (T/TH)	\$290
_____ 3 day 2 year olds (M/W/F)	\$330
_____ 3 day 3 year olds (M/W/F)	\$330
_____ 4 day 3 year olds (M-TH)	\$400
_____ 4 day 4 year olds (M-TH)	\$420
_____ 5 day 4 year olds (M-F)	\$470

Application Fees: \$100.00 for the first child and \$50.00 for each additional child.

Please note that 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.

If you accept placement in the program, a non-refundable tuition prepayment deposit will be due by March 2, 2020 for NEW FAMILIES and by April 1, 2020 for CURRENTLY ENROLLED FAMILIES and applied to May 2021 tuition.

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