

Aloma Methodist Early Childhood Learning Center
2019 - 2020 School Year Registration Form

Home Phone(not cell) _____ Child(ren)'s Last Name _____

Mom's Name _____ Dad's Name _____
1st Last 1st

Mom's Cell _____ Dad's Cell _____

Mom's Email _____ Dad's Email _____

Mom's Mailing address _____ Dad's Address ☐ Same or _____

City: _____ State: _____ Zip: _____

Which email should bill be sent to? _____

I wish to be a monthly payee ☐ I wish to be a weekly payee (Mon-Fri., 7:30 - 5:30) ☐

1st Child's Name _____ Birthday _____

Gender _____ Allergies _____

Class: (Circle one)

VPK -- 5 Day VPK -- 4 Day (M-Th) VPK -- 3 Day (M,T,Th) 3's -- 5 Day 3's -- 3 Day (M,T,Th)

1's, Young 2's, Older 2's(circle days wanted) M T W Th F

2nd Child's Name _____ Birthday _____

Gender _____ Allergies _____

Class: (Circle one)

VPK 5 Day VPK 4 Day VPK 3 Day 3's 5 Day 3's 3 Day

1's, Younger 2's, Older 2's(circle days wanted) M T W Th F

Office Use Only:

Amount still owed:\$ _____

Shot Record _____

Health Form _____

Student Handbook sent _____

VPK ONLY

VPK Certificate _____

If starting after school begins

Delayed Enrollment Form _____

Please let us know what you are paying for:

VPK 1st month's tuition: = \$ _____

Registration (**Not VPK**) = \$ 80.00

2nd Child Registration (\$40.00) = \$ _____

Prorated Tuition (*office only*) = \$ _____

Only applies after 8/24/2018

Paying Material fee (*full or 1/2*) = \$ _____

Total I Owe: = \$ _____