

Niama af abildi

COMMUNITY UNITED METHODIST CHURCH PRESCHOOL 6652 Heil Ave - HB, CA 92649 714-842-1630 cumcpreschoolhb@gmail.com

ADMISSION AGREEMENT 2025 - 2026 LIC # 300 600 219

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Candan

Name of Chill	u	Dirtificate.	Gender
Person respo	onsible for tuition (Please Print):		
Phone Numb	oer:	Email:	
	chool offers a loving Christian preschool progreen are expected to be toilet trained.	am for children who are 2	years 6 months through 5
Our school y	ear follows the same schedule as the Ocean \	√iew School District. No s	school days are:
November:	Veteran's Day	March: Parent/teacher cor	iference days (2 days)
	Thanksgiving (3 days)	April: Spring Break (5 da	ays)
December	Christmas break (Christmas - New Year's Day)	May: Memorial Day	• ,
January	Martin Luther King Day	***1-2 Teacher In-Service I	Days scheduled as they occur
February	Lincoln's Birthday		•
-	Washington's Birthday		

Registration Fee: A non-refundable registration fee of \$150 for the first child and \$125 for each additional child enrolled from the same family at the same time is due at the time of enrollment to ensure your spot.

Mornings or Afternoons: 8:45 - 11:45 All Day - 8:45 - 3:15

Cuition School	<u> </u>			
Number of Days	Mornings Only Yearly Fee	Mornings Only Monthly Fee	All Day Monthly Fee	All Day Yearly Fee
2 Mornings	\$3500	\$350	\$5500	\$550
3 Mornings	\$4000	\$400	\$6300	\$630
4 Mornings	\$5500	\$550	\$8800	\$880
5 Mornings	\$6000	\$600	\$9750	\$975

Please initial that you have read and understand the following policies.

Installment Payment of Tuition: The first installment must be made no later than the first day of registered preschool attendance or all fees and classroom space may be forfeited. The last tuition payment of the year will be due June 1, 2026. Tuition is calculated on an annual basis allowing for holidays and adjusted to ten equal monthly payments for your convenience. Payments may be mailed and should include "preschool" in the address. If paying electronically, it is important that you instruct your bank to make the "payee" expressly "CUMC Preschool" to avoid confusion with the church as to where the check should be deposited. Online payment on Brightwheel is available. There is a 2.9% credit card service charge applied.

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	y tuition installments are not refundal	
refunds made for absenteeism of any kind. S	-	
equal installments, each month's tuition is the	•	-
dismissal from the school and in that instance	•	
of attendance. Parents are required to give a		
you are liable for two week's tuition. Reimbur		
weeks or less that are beyond our control (E	•	<u> </u>
etc). Reimbursements for closures that ext	tend beyond that time frame will be o	letermined if they arise.
Service Charges and Fees: Month	ly tuition is due on the 1st of each m	onth. A late fee of \$10 will
be assessed if tuition is not received by the 8	Bth of the month. If a check is returne	ed to the preschool, the
parent will be responsible to cover the bank to		•
the session. There is a ten minute grace per	·	
child was not signed-in or signed-out and So	· · · · · · · · · · · · · · · · · · ·	
responsible for that citation fee.	·	•
Extended Day Options: CUMC Pr	eschool offers extended day options	. These are first come, first
serve and should be reserved ahead of time	A spot can be reserved the day of it	f there is room available.
Early Start is from 7:30 - 8:30 and is \$10/day	•	
Afternoon enrichment program is daily from		•
Arbitration Statement: I agree to	arbitrate any disputes that may arise	from the care of my
child/children with your facility in accordance	with the rules of the American Arbiti	ration Association with the
exception of any financial disputes that may		
modify this agreement at any time by giving	•	•
I have received, read and fully understand th	e above admission agreement and k	know I can find a copy in the
Family Handbook. I agree to pay any and all	outstanding balances at the time of	withdrawal or the account
may be referred to a collection agency or dire	•	
(Mother/Guardian)	(Father/Guardian)	Date

CUMC PRESCHOOL - Registration Form - 2025- 2026

6652 Heil Ave, HB, CA 92647

714-842-1630 Lic# 300 600 219

PLEASE PRINT ALL INFORMATION:

Child's Full Name		Birthdate:				
Name child is to be called at	school:			Gender		
Mom/Guardian Cell	Da	nd/Guardian C	ell			
Email(s) for receiving pres	chool information:					
Address		City		Zip		
Allergies						
Is there a custody order co	oncerning this child?	Yes	No			
Mother/guardian/domestic	partner's full name:					
Employer	Occupation					
Work address	Vork address Work phone					
Father/guardian/domestic	partner's full name:					
Employer		Occ	upation			
Work address	Work phone					
PLEASE CIRCLE YOUR PF	ROGRAM CHOICE:	Preschool (2	2.6 - 4yrs)	Pre-K (5 by 9/1/26)		
MORNING OR AFTERNOO	N PROGRAM (8:30 to 11:	45 a.m.)				
2 Day T/TH	\$3500 yearly \$350 month	ıly				
3 Day MWF	\$4000 yearly \$400 month	ıly				
4 Day M-TH	\$5500 yearly \$550 month	ıly				
5 Day M-F	\$6000 yearly \$600 month	ıly				
MORNING - WITH ENRICH	MENT PROGRAM (8:30 -	<u>3:15)</u>				
2 Day \$5500	yearly \$550 monthly					
3 Day \$6300	yearly \$630 monthly	4 Day	\$880 yearly	\$880 month (PRE-K)		
5 Day \$9750	yearly \$975 monthly	•	-			
A non-refundable registration	n fee of \$150 for the first ch	nild and \$125 f	or each addition	al child enrolled from the		
same family at the same tim	e is due at the time of regis	stration to ensu	ıre your spot. Ti	ne family handbook is		
available online at cumcpres			,	-		

FOR OFFICE USE ONLY Registration amount: _____ Payment Type: _____ Date: _____