

Forms submitted before January 15 will not be accepted.

For Office Use Only
Date Received:
\$100 Registration Fee Rec'd:

ALDERSGATE UNITED METHODIST CHURCH DAY SCHOOL 2025-26 REGISTRATION (FOR RETURNING FAMILIES)

Age of Child on 10/	/01/25:years	months	E-mail Add	ress:				
Child's Name:				Birthdate:	Month Day			
Las	st	First	MI		Month Day	Year		
Preferred Name:		Male	Female □	Home Pho	one:			
Home Address:								
	Street			City	State	Zip		
	e a separate piece of p	aper or via email.	Please note we		h the Director? Y 🗆 (pecific teacher requests, l			
	PAR	ENT/GUARDI	IAN INFOR	MATION				
ALL fields below MI	UST be filled in wit	h either the infor	mation reque	sted or "N/A".	Please do not leave an	y blanks.		
Parent/Guardian #1:		1:		Parent/Guardian #2				
Name			Name:					
Place of Employment:			Place of Employment:					
Cell		_ □ N/A	Cell		□ N/A			
Work		_ □ N/A	Work		□ N/A			
Email		_ □ N/A						
					ior Day School Family			
Child Resides Primari	ly with:		_		·			
Church Affiliation:				Please indicate if you are an Aldersgate Church member: Y □				
has not tur All und	SELECTION UN rned 3 years old as der threes classes a indicate your 1st a	of October 1, 2 are 9:00am-noor	025	This c	hild has a sibling regist for the following class:	ered		
Toddler l	[To	ddler II		Pre-3	\		
12-24 Months as of Oct 1, 2025 24-30 Mo		24-30 Month	ths as of Oct 1, 2025		30-35 Months as of Oct 1, 2025			
Mo	onthly Tuition		Monthly '	Γuition		Monthly Tuitio		
Tues/Thurs	\$280	Tues/Thu	ırs S	5280	Tues/Thurs	\$280		
Mon/Wed/Fri	\$400	Mon/Wed	d/Fri	\$400	Mon/Wed/Fri	\$400		
I'm flexible		I'm flexib	ole		Interested in 5 (if available)			
					I'm flexible			

PROGRAM SELECTION (CON'T):

We hope parents will welcome the opportunity to choose a class program that best meets the needs of their children and their family. If there are any questions about any of the classes, please do not hesitate to contact the Director either by phone, email or in person.

Lunch Bunch until 1:00 pm and Extended Day until 2:00 pm will be available for those in the three-hour classes who occasionally need additional hours.

Threes/Fours/Junior Kindergarten *Please indicate your 1st and 2nd choices.*

Mo	This shild has a sibling registered	
Two-Days (9am-noon, Tues/Thurs)	\$277	This child has a sibling registered for the following class:
Three-Days (9am-noon, Mon/Wed/Fri)	\$337	
Five-Days (9am-noon, Mon thru Fri)	\$500	
our Year Olds: (Children must be four years o	old by October 1, 2025	
<u>N</u>	Ionthly Tuition	
Three-Days (9-noon, Mon/Wed/Fri)	\$337	D. C. C. C. C. C.
Five Days (9am-noon, Mon thru Fri)	\$500	Registration is not comple
Five Days (9 am-2 pm, Mon thru Fri)	<u>\$8</u> 00	until \$100 fee is received. Ways to Pay Registration Fee
ive Year Olds: (Children must be five years of Junior Kindergarten (JK) (9am–2pm, Mon t	MonthlyTuition	1. PayPal - (fee added) go to www.aldersgate.net/dayschool click "Pay Online" and follo steps to PayPal
	,	2. Check or cash to the office
ACRE	EEMENT	
AGM		
A non-refundable Registration Fee of \$100 will payment options.	be paid at the time of this	s Registration. See above for

- office no later than May 15, 2025, or at the time this Registration Form is submitted.
- If a child is withdrawn in writing prior to June 15, 2025 the Advanced Tuition Payment will be refunded. If withdrawal occurs after June 15, 2025 for any reason, the Advanced Tuition Payment will not be refunded. Families registering after June 15, 2025 will be required to submit a non-refundable Registration Fee and non-refundable Advanced Tuition Payment with this Registration Form in order to reserve a space in the Day School.

Parent /Guardian Signature	Date	

Having trouble Submitting or Signing? Make sure you are opening in updated Adobe Acrobat Reader. Still having trouble? Save and print document. You can then either bring/send the hard copy to the Day School Office; OR scan/photograph the 2 pages and email to dayschoolforms@aldersgate.net