

GENERAL ENROLLMENT FORM 2022-2023
NEW WORLD UNITED METHODIST CHURCH DAY SCHOOL
 5134 Northwest Highway Garland, Texas 75043
nwumcds@yahoo.com Telephone: 972-279-8393

ENROLLMENT FEES \$25. Supply Fees due August 22 and January 9
\$100-Tuesday/Thursday \$150-Monday/Wednesday/Friday \$ 200 -5 Day classes

This fee is due at the time of enrollment. The fee is not refundable.

Enrollment Fee Payment Options: One half of the enrollment fee is due at the time of enrollment, the remainder of the fee is due in 30 or 60 day installments. 5 Day class is one half due at enrollment with full enrollment due in 90 days Enrollment must be paid in full by May 19th.

Enrollment fees are nonrefundable.

Please circle the choice of enrollment for your child

2 year olds Must be class age by Sept. 1,2022

Monday-Friday – 9-2 \$420.	Monday/Wednesday/Friday – 9-2 \$300.
Tuesday/Thursday 9-2 \$220.	

3 year olds Must be class age by Sept. 1,2022

Monday-Friday – 9-2 \$420.	Monday/Wednesday/Friday – 9-2 \$300.
	Tuesday/Thursday 9-2 \$220

4 year olds Must be class age by Sept. 1,2022

Monday – Friday 9-2 \$420.	Monday/Wednesday/Friday – 9-2 \$300.
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Kindergarten

Transitional Kindergarten

Monday-Friday - 9-2 \$420.	Contact office for details
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* _____
 Child's Full Name -- Last, First, Middle Child's Age, Sept. 1, 2022

* _____
 Name Called by Parents Sex Birthdate

* _____
 Child's Home Address City ZIP Phone: Home

* _____
 Father's Name Father's Home Address, City, ZIP Phone cell

* _____
 Mother's Name Mother's Home Address, City, ZIP Phone cell

Please fill out reverse side

Parent's Marital Status:

Married: _____ Separated _____ Divorced _____ Widowed _____ Single _____

Enrollment Form 2022

Enrollment Date: _____

Emergency Code Word: _____

Password to give when calling for a friend or relative to pick up your child

EMAIL ADDRESS: (PLEASE PRINT CLEARLY)

Please initial the following statements:

_____ I understand and agree the Enrollment Fee is non-refundable

_____ I understand and agree that tuition is due on the first class day of each month. I understand if my tuition or outstanding balance is not paid by the 10th of the month, I will be charged a late fee.

_____ I understand and agree that I will be charged \$25 fee for each program change.

_____ I understand if my Enrollment Fee is not paid in full by May 21st, my child will be placed on the Wait List.

