**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Middle Last**

**Child’s DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FULL DAY EXTENDED DAY 7:30 a.m. – 5:30 p.m.**

ENROLLMENT FORM 2024-2025

NEW WORLD UNITED METHODIST CHURCH DAY SCHOOL

[newworlddayschool@outlook.com](mailto:newworlddayschool@outlook.com) Telephone: 972-279-8393

ENROLLMENT FEES $25.Supply Fees due August 19th and January 6th

**5 Day Class $200 per year 3 Day Class $150 per year 2 Day Class $100yr**

**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.**

**The weekly tuition fees are as follows: 2 day a week classes: $100**

**3 day a week classes: $130**

**5 day a week classes: $160**

**Kindergarten classes: $165**

The Extended Day weekly fees are payable whether the child attends all sessions. Parents are responsible for payment until the school is notified in writing that the child is being withdrawn.

Register my child for the following ***EXTENDED DAY*** class: Must be class age by Sept. 1,2024

Please initial the following statements:

\_\_\_\_\_\_\_ I understand and agree the Enrollment Fee is non-refundable

\_\_\_\_\_\_\_ I understand tuition is non-refundable.

**\_\_\_\_\_\_ I understand that current immunization records, Health Form, Emergency Release form and General Admission forms must be on file before my child can start school. This is a state requirement.**

\_\_\_\_\_\_\_ I understand if my Enrollment Fee is not paid in full by May12th, my child will be placed on the Wait List.

|  |  |  |
| --- | --- | --- |
| **2 Year Olds** | **3 Year Olds** | **4 Year Olds** |
| \_\_\_\_\_ Tuesday/Thursday | \_\_\_\_\_Tuesday/Thursday | \_\_\_\_ Mon/Wed/Friday |
| \_\_\_\_\_ Mon/Wed/Friday | \_\_\_\_\_ Mon/Wed/Friday | \_\_\_\_ Monday-Friday |
| \_\_\_\_\_ Monday - Friday | \_\_\_\_\_ Monday - Friday |  |
|  |  | **Kindergarten**  Monday - Friday |