



REGISTRATION: 2008-2009
 17315 Manchester Road Wildwood, MO 63038 Phone: 636-230-0089
www.livingwordumc.org

Parents' Names _____ Phone _____
 Child's Name _____ Sex _____ Date of Birth _____
 Complete Mailing Address _____
 _____ Email _____
 Church Affiliation _____

INFANT/TODDLER (children eligible when mobile and 15 months, please see director with any questions). The Infant/Toddler program meets from 9:00a.m.-1:10p.m.

- Non-refundable registration fee: \$50.00
 - Tuition Fee: 1-day-\$85.00, 2-day-\$140.00, 3 day-\$195.00 (per month)
- Please indicate which days you would like to enroll your child. (You may choose up to three days.)
 _____ M _____ T _____ W _____ R _____ F

KID'S DAY OUT(children eligible at age 2) The KDO program meets from 9:00a.m.-1:10p.m.

- Non-refundable registration fee: \$50.00
 - Tuition Fee: 1 day-\$85.00, 2 day-\$140.00, 3 day-\$195.00 (per month)
- Please indicate which days you would like to enroll your child. (You may choose up to three days.)
 _____ M _____ T _____ W _____ R _____ F

PRESCHOOL

- Non-refundable registration fee: \$70.00
- Tuition Fees**(Due the 1st of each month)
 - ❖ 2 day class-\$130.00
 - ❖ 3 day class-\$170.00
 - ❖ 4 day class-\$205.00

A.M. classes meet from 9:00am-12:00pm

_____ Jr. 3's: Birth dates Jan. '06 – Aug. '05
 _____ Tues./Thurs.* A.M.

_____ Sr. 3's: Birth dates July '05- Aug. '04 (and potty trained)
 Indicate 1st and 2nd choice:
 _____ Mon./Wed.*A.M. _____ Mon./Wed./Fri.*A.M. _____ Tues./Thurs.*A.M.

Pre-Kindergarten: Birth dates July '04-Aug. '03 (and potty trained)
 Indicate 1st and 2nd choice
 _____ Mon./Tues./Wed./Thurs.* A.M.
 _____ Tues./Thurs./Fri.*A.M.

LUNCH BUNCH is an opportunity for your child to have lunch at school: Pick-up time is 1:15p.m. The cost for Lunch Bunch will be \$7.00 a day; however, it will be billed at an averaged monthly rate. Once school has started, Lunch Bunch is contracted for the entire school year.

“Drop-In” Lunch Bunch may be available at a fee of \$8.50

Please check which days of Lunch Bunch you would like for you child to attend:

Lunch Bunch

_____M _____ T_____ W_____ R _____F

***All Living Word ECC classes** are dependent upon a sufficient enrollment to make a class successful. In the event a class must be cancelled, notification will be given no later than April 29, 2008.

**** Preschool Only:** One month Preschool tuition is due May 1, 2008, which will pre-pay tuition for May 2008. If payment is not received on that date, your child’s placement is not guaranteed. Please read the refund policy as stated in the Parent Handbook.

I understand Living Word ECC has the final decision in all placements in order to make the classes most successful. I am including the total registration fee of _____ Check #_____. I understand this fee is non-refundable unless a class is cancelled.

Please complete the following:

How did you hear about Living Word -Early Childhood Center?

_____ Formerly enrolled

_____ Referred by _____ (Telephone # if known _____)

_____ Viewed website

_____ Yellow Pages

_____ Other