DREXEL HILL UNITED METHODIST NURSERY SCHOOL

600 Burmont Road Drexel Hill, PA 19026 (610) 259-1444

email: dhumns@verizon.net

MOTHER'S DAY OUT PROGRAM REGISTRATION FORM 2020-2021

CHILD'S NAME		BIRTH DATE	
MOTHER'S NAME			
_	(first	t) (last)	
FATHER'S NAME_			
	(first		
ADDRESS			
email			
TELEPHONE (home	& cell)		
PROGRAM FEES: Registration Fe (if your child attention)	September 20 ee: \$30 ds multiple days, ple	llowing day(s): TW_THF 20 through May 2021 case pay this fee only once) clay a week; or 9 payments of:	
7	Tuesdays:	\$60.00	
1	Wednesdays:	\$60.00	
7	Thursdays:	\$60.00	
	Fridays:		
		ee is non-refundable and agree that the	
1 0 0	paid even if my	child does not attend all of the days during	
the program.			
Payment Policy: 1 The Registration Fee a	nd May 2021 tuiti	on payment are payable when you register your child.	
2. Tuition is due the first		on payment are payable when you register your emia.	
Cancellation Policy:			
	mid-year withdrav	vals require 15 day written notice to get the last paymen	
refunded.	Please make che	cks payable to "DHUMNS")	
		Figure to Direction)	
Parent Signature(s)			

We reserve the right to dismiss a child from our program when extreme behavior problems are exhibited in our classroom on a regular basis.