

METHODIST PRESCHOOL PAYMENT FORM

Child's Name: _____ Date: _____

Payment for: (please check all that apply and detail the amount per program)

| Type: | Amount: |
|------------------------------|--------------|
| _____ Tuition | \$ _____ |
| _____ Lunch Bunch | \$ _____ |
| _____ Monday's Ark | \$ _____ |
| _____ 4' Enrichment Thursday | \$ _____ |
| _____ Fun Friday | \$ _____ |
| _____ Other: _____ | \$ _____ |
| Total Payment: | \$ _____ |

Please make all checks payable to: UMC of CF and submit with this form to the Director.

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