

# 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.

# 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.