

METHODIST PRESCHOOL

2020-2021 PAYMENT FORM

Child(ren)'s name(s): _____ Date: _____

*you may combine payments for multiple children/programs, please list details at bottom

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

Program:	Child 1 amount:	Child 2 amount:
_____ Tuition	\$ _____	\$ _____
_____ Lunch Bunch	\$ _____	\$ _____
_____ Monday's Ark	\$ _____	\$ _____
_____ STEAM	\$ _____	\$ _____
_____ 4' Enrichment Thursday	\$ _____	\$ _____
_____ Fun Friday	\$ _____	\$ _____
_____ Other: _____	\$ _____	\$ _____
Total Payment:		\$ _____

Notes: _____

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

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