

2024-25

Annual Registration Packet

**U**niversity **H**eights **U**nited **M**ethodist **C**hildren’s **C**enter

4002 Otterbein Avenue

Indianapolis, IN 46227

(317) 787-5865

directorchris@uhumcc.com

**Important: Please read thoroughly before submitting.**

**2024-25 Annual Registration and Tuition Payment Information**

**CHILD CARE REGISTRATION:** $200.00 Individual or $250.00 Family Rate (non-refundable)

**PRESCHOOL ONLY REGISTRATION:** $100.00 (non-refundable)

**DISCOUNTS:** We offer a family discount for multiple children in our program.

$20/week for families with 2 children in our program fulltime

$30/week for families with 3 children in our program fulltime

**PART TIME CHILD CARE FOR CHILDREN OVER AGE 1:** $80.00/ day

**PART TIME CHILD CARE FOR CHILDREN ENROLLED IN A PRESCHOOL CLASS:** $10.00/hour

**PAYMENT DUE DATES:** Payments are due on the first day of the week in which the child attends or the first of the month for preschool only students. Currently we accept cash, check, CCDF and On My Way Pre-K vouchers for payments.

**FULL TIME CHILD CARE RATES** **(Rates change the week of the child’s birthday)**

Age 0 to 1 $255/week

Age 1 $240/week

Age 2 $235/week

Age 3 $230/week

Age 4&5 with Preschool MWF 9:00-2:00 $230/week

**2024-25 PRESCHOOL REGISTRATION**  Four – Five Year Old Pre-K Classes

 If your child is enrolled in a full time child care class, preschool classes are included in your weekly tuition at no extra cost. If you choose to come for Preschool only, your options are:

 \_\_\_Preschool only – Any 3 Days, 9:00 – 2:00, $500.00 / month (must be 5 by Aug. 1, 2024)

 **2024-25 CHILD CARE REGISTRATION**

* **FOR SUMMER 2024 :** (infants through 5 year olds)

During the summer, my child will attend child care:

\_\_\_Full Time

\_\_\_Part Time \*Part-time applies to children over age 1.

 **Please attach a schedule of dates/times your child will be in attendance.**

\_\_\_Not at all during the summer

 **Date child care will end: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date child care will resume: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **FOR FALL 2024:** (Infants through age 5)
* In the fall, my child will attend child care:

 \_\_\_Full Time

\_\_\_Part Time \*Part-time applies to children over age 1**.**

 **Please attach a schedule of dates/times your child will be in attendance.**

\_\_\_Not returning to child care in fall…….. Final date of child care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF FINANCIAL RESPONSIBILITY:**

I understand that a security deposit equal to one week’s tuition is required of all first-time enrolling families.$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( if applicable)

I understand that the registration fee is an annual fee, and that this fee is non-refundable if childcare needs change.

I agree to pay $\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week for childcare, OR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ monthly for preschool only. Any changes to my child’s schedule will be submitted two weeks prior to taking affect. I understand 5 days of vacation are given each calendar year which do not require payment.

I acknowledge accounts over two weeks behind are subject to collection and my child may be asked to leave the program. I acknowledge that a late fee of $1.00 per minute goes into effect at 5:35 p.m. for children not picked up by close of business. Habitually late pick-ups may result in termination of care. I understand that UHUMCC will provide a two week notification to parents of any policy, program or rate changes.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2024-25 Children’s Center Registration**

**Office Use** \_\_\_\_\_\_ Annual Registration Date Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_Security Deposit (if applicable) Date Paid **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To register your child, return this packet, with appropriate registration fee to:

Mrs. Christina Roberts Phone: 317-787-5865

Start Date

4002 Otterbein Avenue Fax: 317-787-7696

Indianapolis, IN 46227 Email: directorchris@uhumcc.com

**Child’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex\_\_\_\_\_ Due Date or DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours at Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours at Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child lives with**: Both Parents\_\_\_\_ Mother\_\_\_\_ Father\_\_\_\_\_ Other (relationship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which parent/ guardian should be contacted first in case of illness or emergency?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In an emergency,** contact (other than parents):

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INDIVIDUALS AUTHORIZED TO PICK UP MY CHILD:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE LIST KNOWN ALLERGIES / MEDICAL CONDITIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMERGENCY AUTHORIZATION** I, the undersigned, hereby authorize the contact of the nearest physician or hospital in case of emergency involving the above named child in the event his/her parents or doctor cannot be reached.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be returned with the appropriate fee to guarantee your spot in our program.