



2018-19

## 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

[uhumccasstdir@att.net](mailto:uhumccasstdir@att.net)

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

## 2018-19 Annual Registration, Security Deposit and Tuition Payment Information

**A SECURITY DEPOSIT** applies to first-time enrollees *only*. The security deposit is equal to one week's tuition for childcare families, or one month's tuition for preschool only enrollees, and will be applied to the final bill when care/ preschool is terminated.

**CHILD CARE REGISTRATION:** \$150.00 Individual or \$250.00 Family Rate (non-refundable)

**SUMMER ONLY CHILDCARE:** \$40.00 (non-refundable) covers care for June, July and August and is intended for children that will not enroll in the fall of 2018, but will be here for part or all of the summer.

**PRESCHOOL ONLY REGISTRATION:** \$75.00 (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:** \$60.00/ day

**PART TIME CHILD CARE FOR CHILDREN ENROLLED IN A PRESCHOOL CLASS:** \$7.00/hour

**\*\*ADJUSTED START DATE:** When you register your child, you provide a start date. That space will be held for your child until that start date. If you decide to start your child at a later date than previously stated, you will be charged \$40.00/ week for up to eight weeks. Upon the 9<sup>th</sup> week, the regular rate goes in to effect. If you are pregnant and provide a start date, we understand this is a tentative date, the date can be adjusted within a month without penalty.

**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	\$197/ week
Age 1	\$187/week
Age 2	\$182/ week
Age 3	\$177/week
Age 4 with Preschool	\$172/week
Age 4&5 with Preschool	\$172/week

### **PLEASE RETAIN THIS PAGE FOR YOUR RECORD**

#### **2018-19 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 three days a week, your options are:

\_\_\_ORANGE CLASS - Monday, Wednesday, Friday, 9:00 – 2:00, \$250.00 / month (must be 5 by Aug. 1, 2018)

\*If you choose, you can also pick any three days. For example, Monday, Tuesday, Thursday

**2018-19 CHILD CARE REGISTRATION**

- **FOR SUMMER 2018:** (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

**In order to guarantee your child's place on the roster for fall 2018, the registration form and fee are due by June 4, 2018.**

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

- **FOR FALL 2018:** (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:** \_\_\_\_\_

**2018-19Children's Center Registration**

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

Mrs. Christina Roberts  
4002 Otterbein Avenue  
Indianapolis, IN 46227

Phone: 317-787-5865  
Fax 317-787-7696  
email uhumccastdir@att.net

Start Date

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

**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.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**THIS FORM MUST BE RETURNED WITH APPROPRIATE FEES TO GUARANTEE YOUR CHILD'S PLACEMENT IN OUR PROGRAM. ALL CLASSES ARE FILLED IN THE ORDER REGISTRATIONS ARE RECEIVED.**

