

Corkran United Methodist Preschool and Kindergarten
5200 Temple Hills Road
Temple Hills, MD 20748
(301) 894-6886
www.corkranschool.org

Reg. Fee \$ _____
Supply Fee \$ _____
Birth Certificate _____
Shot record _____
Lead Testing _____
Policy Acknow _____
Biting Policy _____
Potty Policy _____
(FOR OFFICE USE ONLY)

Two Year Old Registration for 2018-2019
(Children MUST be Two Years Old by August 31st)

A non-refundable Registration Fee of \$150.00 must accompany this form.

Name of Child _____ Sex (M/F) _____
Last First Middle

Home Address _____
Street City State Zip Code

Date of Birth _____ Family Email Address _____ Home Phone _____

Father's Name _____ Work Phone _____

Father's Place of Work _____ Cell Phone _____

Mother's Name _____ Work Phone _____

Mother's Place of Work _____ Cell Phone _____

Names & Ages of Siblings _____

Indicate Any Allergies or Health Problems _____

Child's Doctor _____ Doctor's Phone _____

Emergency Contact _____ Phone _____
(OTHER THAN PARENTS) NAME RELATIONSHIP

Supply Fee: \$175.00 (one-time fee) must be paid by May 31st

Please circle your class preference.

Tue./Thurs. (2 day group)

9:00 – 11:30 a.m.

Tuition: \$310.00 per month

Mon/Wed/Fri (3 day group)

9:00 – 11:30 a.m.

Tuition: \$360.00 per month

Mon.-Fri. (5 day group)

9:00 – 11:30 a.m.

Tuition: \$470.00 per month

Photo release (initial your choice): My child's photo MAY BE used in the hallway or the web site _____

OR

My child's photo may NOT be used in the hallway or the web site _____

I agree to pay the monthly tuition and any extra care costs that my child has accrued while enrolled in Corkran Preschool.
Notification of withdraw must be given to the Office in WRITING THIRTY DAYS in advance.

Parent's Signature: _____

rev.2/18

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Shot record _____
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Potty Policy _____
(FOR OFFICE USE ONLY)

Three Year Old Registration for 2018-2019
(Children MUST be Three Years Old by August 31st)

A non-refundable Registration Fee of \$150.00 must accompany this form.

Name of Child _____ Sex (M/F) _____
Last First Middle

Home Address _____
Street City State Zip Code

Date of Birth _____ Family Email Address _____ Home Phone _____

Father's Name _____ Work Phone _____

Father's Place of Work _____ Cell Phone _____

Mother's Name _____ Work Phone _____

Mother's Place of Work _____ Cell Phone _____

Names & Ages of Siblings _____

Indicate Any Allergies or Health Problems _____

Child's Doctor _____ Doctor's Phone _____

Emergency Contact _____ Phone _____
(OTHER THAN PARENTS) NAME RELATIONSHIP

Supply Fee: \$175.00 (one-time fee) must be paid by May 31st

Please circle your class preference.

Mon/Wed/Fri (3 day group) 9:00 – 11:30 a.m. Tuition: \$360.00 per month	Mon.-Fri. (5 day group) 9:00 – 11:30 a.m. Tuition: \$ 470.00 per month
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Photo release (initial your choice): My child's photo **MAY BE** used in the hallway or the web site _____
OR

My child's photo may **NOT** be used in the hallway or the web site _____

I agree to pay the monthly tuition and any extra care costs that my child has accrued while enrolled in Corkran Preschool.
Notification of withdraw must be given to the Office in WRITING THIRTY DAYS in advance.

Parent's Signature: _____ rev.2/18

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Policy Acknow _____
Biting Policy _____
Potty Policy _____

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Four Year Old Registration for 2018-2019
(Children MUST be Four Years Old by August 31st)

A non-refundable Registration Fee of \$150.00 must accompany this form.

Name of Child _____ Sex (M/F) _____
Last First Middle

Home Address _____
Street City State Zip Code

Date of Birth _____ Family Email Address _____ Home Phone _____

Father's Name _____ Work Phone _____

Father's Place of Work _____ Cell Phone _____

Mother's Name _____ Work Phone _____

Mother's Place of Work _____ Cell Phone _____

Names & Ages of Siblings _____

Indicate Any Allergies or Health Problems _____

Child's Doctor _____ Doctor's Phone _____

Emergency Contact _____ Phone _____
(OTHER THAN PARENTS) NAME RELATIONSHIP

Supply & Book Fee: \$200.00 (one-time fee) must be paid by May 31st.

Mon. – Fri. (5 day group) 9:00 – 1:00 p.m. Tuition: \$510.00 per month

Photo release (initial your choice): My child's photo **MAY BE** used in the hallway or the web site _____
OR
My child's photo may **NOT** be used in the hallway or the web site _____

**I agree to pay the monthly tuition and any extra care costs that my child has accrued while enrolled in Corkran
Preschool.**

Notification of withdraw must be given to the Office in WRITING THIRTY DAYS in advance.

Parent's Signature: _____ rev.2/18

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Potty Policy _____
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Kindergarten Year Old Registration for 2018-2019

(Children MUST be Five Years Old by August 31st)

A non-refundable Registration Fee of \$150.00 must accompany this form.

Name of Child _____ Sex (M/F) _____
Last First Middle

Home Address _____
Street City State Zip Code

Date of Birth _____ Family Email Address _____ Home Phone _____

Father's Name _____ Work Phone _____

Father's Place of Work _____ Cell Phone _____

Mother's Name _____ Work Phone _____

Mother's Place of Work _____ Cell Phone _____

Names & Ages of Siblings _____

Indicate Any Allergies or Health Problems _____

Child's Doctor _____ Doctor's Phone _____

Emergency Contact _____ Phone _____

(OTHER THAN PARENTS) NAME RELATIONSHIP

Tuition: \$535.00 per month

Supply & Book Fee: \$300.00 (one-time fee) must be paid by May 31st.

The Kindergarten class will meet Monday through Friday from 9:00 a.m. until 2:00 p.m.

Photo release (initial your choice): My child's photo **MAY BE** used in the hallway or the web site _____

OR

My child's photo may **NOT** be used in the hallway or the web site _____

I agree to pay the monthly tuition and any extra care costs that my child has accrued while enrolled in Corkran Preschool.

Notification of withdraw must be given to the Office in WRITING THIRTY DAYS in advance.

Parent's Signature: _____

rev.2/18