



CEP PRE-SCHOOL REGISTRATION FORM

School year 2024-2025

Child's Name _____

Date of Birth _____

Return to CEP Office. Registration fee of \$150 will be billed to you.

1. Place a check on the line at the right showing where your child's birthdate places her/him according to their age on or before September 1, 2024:

INFANT ROOM: 8 Weeks on or before Sept. 1, 2024 _____

K-1 ROOM: 1 Year on or before Sept. 1, 2024 _____

K-2 ROOM: 2 Years on or before Sept. 1, 2024 _____

K-3 ROOM: 3 Years on or before Sept. 1, 2024 _____

K-4 ROOM: 4 Years on or before Sept. 1, 2024 _____

2. Place a check next to the choice of days – Tuition Rates on the back

(A) ___ M/T/W/Th/F

(B) ___ M/W/F

(C) ___ T/Th

___ with Late Stay

___ with Late Stay

___ with Late Stay

Please check one of the following boxes

Current CEP Student

___ Your child will attend through the summer. Any change in schedule for the summer must be approved.

___ Your child will not attend during the summer. You will pay half tuition each month June/July. Normal tuition will resume in August regardless of attendance.

All summer requests must be received by May 1.

New CEP Students

___ You would like your child to start on May 28, 2024

___ Approved

___ You would like your child to start on August 5, 2024

___ Approved



Infant Room Prices (Monthly):

7:30-2:00		Late Stay 2:00-5:30		
5 days- \$643.50	+	\$160	=	\$803.50
3 days- \$440.50	+	\$118	=	\$558.50
2 days- \$329.50	+	\$96	=	\$425.50

K1 – K4 (Monthly)

7:30-2:00		Late Stay 2:00-5:30		
5 days- \$613.50	+	\$155	=	\$768.50
3 days- \$412.50	+	\$113	=	\$525.50
2 days- \$296.50	+	\$91	=	\$387.50

MUMC CEP REGISTRATION FORM 2024-20245

Child's Last Name	First Name	Birth date: / /	Age as of Sep. 1, 2024:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Mom's Name:			Mom's best phone no.: ()	
Dad's Name:			Dad's best phone no.: ()	
Street Address:				
City:	State:	ZIP Code:		
Email for Communication:				

_____ AS A PARENT/LEGAL GUARDIAN OF THE STUDENT INDICATED ABOVE, I UNDERSTAND AND AGREE TO THE FOLLOWING POLICIES:

- 1. Registration cannot be processed without the full deposit or if there is an outstanding balance. Registration fees are non-refundable.**
- 2. I am contractually obligated to pay the tuition, even if my child misses school for illness or vacation. There are no allowances made for absences.**
- 3. All payments must be made through the Brightwheel app.**
- 4. If circumstances arise that need me to remove my child for the program, I understand that 30 days written notice needs to be given.**
- 5. If I do not give a month's notice, I understand that I will be billed for that month.**
- 6. Every child must have a current medical emergency form and SC DHEC immunization form on file prior to the 1st day of school. No exemptions accepted.**
- 7. The Memorial United Child Enrichment Program may use any photo, slide, or quote privately and/or in MUMC publications and general media.**
- 8. My name, phone number, and email address may be used in the MUMC email lists.**

In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my child's health and safety. I understand that medical expenses are my responsibility. I hereby assume all risks (injury or illness) for my child and family members that may occur during participation in any activity or use of facilities owned or rented by MUMC. I hereby agree to in no way hold MUMC, its agents, or employees liable for loss of damaged belongings or injury that my child may sustain. I have read and understood the above statement. I agree to the above policies._

PARENT/GUARDIAN SIGNATURE

DATE

To be completed by CEP Office:

Check # _____ Cash _____ Amount of Payment _____ Date Received _____