

1526 E. Wooster St., Bowling Green, OH 43402 © 419-352-3612 ➤ Office@fumclc.com

2023-2024 Child Care Enrollment Agreement

I/We,	
(Parent/Guardian), agree to the following terms an	nd conditions of enrollment for
(name of child)), at the First United Methodist Child Learning Center
for the academic year beginning May 31, 2023. (A	t the time of enrollment, this child's age/grade level is:
) I understand that FUMCLC hours of o	peration are Mon-Fri, 7:00 am – 6:00 pm (holidays
excluded), and that staff cannot accept children pr	ior to 7:00 am. I also understand that the doors to the
center lock promptly at 6:00 PM and that my child	is expected to be dismissed by that time. *Sign and
initial where applicable.	
SCHEDULE AGREEMENT:	
level, as determined by the Director, teach Preschool 3 (age 3) - Preschool 4 (age 4) -	propriate class for his/her age and developmental her, and parent: Toddler (ages 18 mo -36 mo) – Preschool 5 (age 5 or prekindergarten) – School Age *. I also understand that my child must be potty be:
□ Monday- Friday (Full-day)	
☐ Monday/Wednesday/Friday (Fu	ıll- day)
□ Tuesday/Thursday (Full-Day)	
Agreed to by:	
(Parent/Guardian)	(Date)
(FUMCLC Staff)	(Date)



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3)	Busing availability is extremely limited. I understand that I will only have bussing available on days that I have formally committed to. This applies to all situations including 2-hour delays.							
	☐ My child attends sc	hool at	and will n	eed AM transpo	ortation			
	☐ My child attends sc	hool at	and will n	eed PM transpo	ortation			
	☐ My child attends sc	hool at	and will n	eed AM/PM tra	nsportation			
4)	My child's regular time of attendance will be approximately: AM/PM to: AM/PM. I understand that the center Director makes a schedule to fit drop off and pickup times that are indicated on this form and will provide a 2-day notice if the times are to change.							
5)	I understand that the state requires that I maintain a current and completed file. This includes an annual medical statement and copy of my child's immunization records. I understar that my child will not be able to attend care at FUMCLC, without this paperwork. I also understand that I will still be responsible for the cost of care, even if my child cannot attend because I have not submitted the required documents. (School age children do not require medical statements).							
	scheduling notes here: NANCIAL AGREEMENT:							
1)	I have read and unde	rstand FUMCLC's	s Tuition and Fee Pol	icy.				
2)	The weekly tuition rate for this student will be, due by the Monday of each week.							
3)	The following fees are due for this child, prior to first day of admission to FUMCLC:							
	a \$50 Earnest De	eposit applied to	owards 1 st balance du	ıe (No cash acce	pted)			
	b\$30 Enrollmen	t Fee (new famil	lies)					
	c\$10 Re-enrolln	nent Fee (return	ing families)					
Agreed	to by:							
(Parent	rent/Guardian) (Date)							
(FUMC	MCLC Staff) (Date)							



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(Parent	/Guardia	nn)	(Date)	-
Agreed	to by:			
5)		I agree to keep my tuition account pa or schedule changes, and to all other ter	-	
	superv	ch minute after 6:00 pm, according to FU vision. FUMCLC will determine this fee ar r in ProCare and will be due no later than	nd inform me if it is applied. This	
4)		I understand that a fee of \$1 per minu		
	d.	\$15 Annual Supply Fee (all students) supply list for their specific class. This \$ shared amongst the entire center.		

(Date)

(FUMCLC Staff)