

Central Methodist Nursery School

3700 Pacific Avenue Stockton, CA 95204 (209) 462-5127

(CMNS is an outreach ministry of Central United Methodist Church)

REGISTRATION FORM 2026-2027

Child's Name: _____ Sex: M F Birth Date: _____
Address: _____ Telephone Number: _____
City/Zip: _____ Email Address: _____

Parents'/Guardians' Names: _____

Please list any family members who have been students at CMNS: _____

Are you a member/constituent of Central United Methodist Church? Yes No

Verification from CUMC Office: _____
Signature Date

CLASS SCHEDULES AND TUITION:

Tuition is paid August through April and is due by the 10th of each month.

Admin. fee of \$50.00 per child will be billed on your first invoice.

Please mark classes as to 1st and 2nd choices. If your 1st choice is not available, your child will be placed in your 2nd choice class and on the waiting list for your first-choice class.

**All students must have appropriate birth date for class as noted below each class listing

<u>Classes:</u>	<u>Time:</u>	<u>Days:</u>	<u>Monthly Tuition:</u>
_____ 4's Pre-K (Must turn 4 by 9-1-26)	8:30-11:30 AM	M-F	*\$485.00
_____ 4's Pre-K (Must turn 4 by 9-1-26)	8:30-11:30 AM	MWF	*\$400.00
_____ 3/4's Pre-K (Must turn 4 by 12-31-26)	12:30-3:30 PM	MWF	*\$400.00
_____ 3's AM (Must turn 3 by 9-1-26)	8:30-11:30 AM	MWF	*\$390.00
_____ 3's AM (Must turn 3 by 9-1-26)	8:30-11:30 AM	T/Th	*\$290.00
_____ 3's PM (Must turn 3 by 9-1-26)	12:30-3:30 PM	MWF	*\$390.00
_____ 2's I (Must turn 2 by 9-1-26)	8:30-10:30 AM	T/TH	*\$240.00
_____ 2's II (Must turn 2 by 9-1-26)	11:00AM-1:00 PM	T/TH	*\$240.00

Enrichment Program 11:30am-4:00pm

(Lunch Bunch included)

Child must be able to use the bathroom independently.

<u>Number of days:</u>	<u>Monthly program fee</u>
_____ 3 days per week	\$225.00 MWF
_____ 2 days per week	\$150.00 <i>*please circle desired days → M W F</i>
_____ 1 day per week	\$75.00 <i>*please circle desired day → M W F</i>

Additional Programs

Child must be able to use the bathroom independently.

Breakfast Club: 8:00-8:30am	\$3.25/day
After School Care: 3:30-4:00pm	\$3.25/day
Lunch Bunch: 11:30am-12:00pm	\$3.25/day
11:30am-12:30pm	\$6.50/day
11:30am-1:00pm	\$9.75/day

*Tuition Rates are based on expected enrollment and may be adjusted in January 2027 after review of the enrollment and budget viability.

The following obligations are in addition to the tuition schedule:

Participation is required in one Parent Workday or pay a fee of \$100.

Participation is required at one School Fundraiser or pay a fee of \$100.

Participation in the snack program or pay a fee of \$150 - \$250 at the beginning of the school year (see the snack fee schedule below).

Snack Fee Schedule	
2-day program	\$150.00
3-day program	\$200.00
5-day program	\$250.00

Parents: Please initial and date that you have read these requirements.

Initial _____ Date _____

- A. **Helping Parents:** A tuition credit of \$20.00 per day is given to parents who choose 1 or 2 days per month to assist in the classroom (2's, 3's or 4's). Positions are limited! Please indicate if you are interested in being a Helping Parent. To give everyone an equal opportunity, sign-ups for specific days will be at the mandatory Helping Parent Orientation.

I would like to be a Helping Parent: Yes No

- B. I have been notified that my child must be up-to-date on immunizations and the records must be on file before attending Central Methodist Nursery School.

Parent Signature: _____ Date: _____

- C. RETURN THIS REGISTRATION FORM to CMNS with a non-refundable fee of \$180.00 for new and continuing students.

- D. *I would like to donate \$10.00 per month to the Julie Glenn-Seely Scholarship Fund. Please add this amount to my monthly tuition invoice.* Yes No Other amount \$_____

Parents and Intake Staff Representative: Please sign to acknowledge that you have been notified of the above requirements and that each family has access to the CMNS Parent Handbook online at: www.centralmethodistnurseryschool.com for Policies and Procedures for tuition, school calendar and Central Methodist Nursery School specifics.

Parent Signature: _____ Date: _____

CMNS Staff Signature: _____ Date: _____

Registration Fee: \$180 How Paid: _____