

Catalina United Methodist Day School

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2024-2025 Registration Form

Child's Name:		<u></u>
First	Middle	Last
If different than above, what name does your child prefe	r to be called, i.e., shorte	er name or nickname
DOB male	fe	emale
Home Address		Zip
Parent/Guardian	Parent/Guardia	in
Address	Address	
(if different than above)		(if different than above)
Email	Email	
Phone #1 type: #	Phone #1 type _	
Phone #2 type: #	Phone #2 type _	
ATTENDANCE SCHEDULE		
Monday Tuesday	Wednesday	Thursday Friday
Arrival Time		
Departure Time		
Projected Start Date	Age of Child wh	nen starting
Would like to schedule a tour	Received a tou	r
	hrees Full-Time \$935 hrees Part-Time \$735	Pre-K (4-5's) Full-Time \$935 Pre-K (4-5's) Part-Time \$735
Annual Registration Fee \$125 Annual Supply Fee	·	
Please initial I understand that \$50 of the re refundable. The balance of the registration is due upon s		tee, which is required and non-
Signature		Date
.		
For	Office Use	
\$50 Hold Fee – Date Received F	Ref#	
Balance Due after Hold Fee	Ref#	
\$75 Registration Balance - Date Received	Ref#	