

SUMMER 2022 REGISTRATION

"I can do all things through Christ who strengthens me." Philippians 4:13

UNITED METHODIST CHRISTIAN SCHOOL

5200 Belle Terre Parkway, Palm Coast, FL 32137

umcs.office@gmail.com

386/445-2344

Child's Name _____ Grade Completed _____ Date of Birth _____
 e-mail address _____ Phone # _____ Cell Phone #: _____

Please CIRCLE only the days your child WILL attend.

Session	Session Dates	Monday	Tuesday	Wednesday	Thursday	Friday
1	May 31 - June 3		May 31	1	2	3
2	June 6 – June 10	6	7	8	9	10
3	June 13– June 17	13	14	15	16	17
4	June 20 – June 24	20	21	22	23	24
5	June 27 – July 1	27	28	29	30	July 1
Session	Session Dates	Monday	Tuesday	Wednesday	Thursday	Friday
6	July 5 - 8		5	6	7	8
7	July 11 – July 15	11	12	13	14	15
8	July 18 – July 22	18	19	20	21	22
9	July 25 – July 29	25	26	27	28	29
	<i>August 8 & 9 – Daycare only</i>	<i>Aug.8</i>	<i>Aug.9</i>	*	*	*
August 1 - August 5		<i>CLOSED FOR PREPARATION FOR 2022-2023 SCHOOL YEAR</i>				
August 8, 2022		<i>2022-2023 PRESCHOOL & DAY CARE BEGINS</i>				
August 10, 2022z		<i>FALL 2022-2023 VPK BEGINS</i>				

Pre-School Applicants: _____ Half Day (1:00 pm pick-up) _____ Full Day (7:30 am – 6:00 pm)

If registering for less than five (5) sessions, prepayment in full is due at time of application. Prepayment refunds will be given if written scheduling changes are made by the applicable deadline. Minimum of 2-day registration per session. **Tuition will be based on days scheduled, regardless of attendance.**

I have received a copy of the UMCS Camp Handbook and acknowledge that I have completely read, fully understand, and will abide by the policies and procedures as outlined in the handbook. **I understand my tuition will be based on the information given above.** I understand that UMCS policy requires written scheduling changes be submitted to the school office by the scheduling deadline as outlined above and I acknowledge that I will be assessed a fee of \$10.00 per change request, if changes are made after May 24, 2022 (sessions 1 – 5) and June 28, 2022 (sessions 6 – 10).

_____ Date

_____ Signature of Parent/Guardian Enrolling Child

A NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION:
 \$40.00 – Individual: \$70.00 – Two Children: 70.00 + \$20.00 Each Additional Child (more than 2 children).

Copy of Enrollment schedule provided to Parent/Guardian.

Acknowledged as received:

_____ Signature of Parent/Guardian Enrolling Child