



Southside United Methodist Preschool
3120 Hendricks Avenue, Jacksonville, FL 32207 | 904.396.2676

EARLY ARRIVAL REGISTRATION FORM

This form is optional
**REQUIRED ONLY IF YOU ARE
PARTICIPATING**

Early Arrival is offered at Southside United Methodist Preschool from 8:20 – 9:00, Monday through Friday. It is an advance sign-up program. Below are the guidelines for Early Arrival.

GUIDELINES

1. Payment of Annual Registration Fee and Annual Curriculum Enhancement Fee is required for the child to be eligible for this program
2. Your child may arrive no earlier than 8:20 a.m.
3. 2's, 3's, & 4's may participate in Early Arrival. Wee Ones are not eligible for this program.
4. Early Arrival is an **ADVANCE SIGN-UP ONLY**. Since staffing for this service is based on the number of children **pre-enrolled**, **DROP-INS ARE NOT ALLOWED** for Early Arrival.
5. The cost will be \$15.00 per month-per day of the week used. For example, if you choose Tuesdays for Early Arrival, you will pay \$15.00 a month and your child can attend all the Tuesdays in the month for Early Arrival. If you choose Mondays, Wednesday, and Fridays, you will pay \$45.00 per month and your child can attend every Monday, Wednesday, and Friday in the month for Early Arrival.
6. Preschool Teachers or Assistants will supervise the children.
7. Teachers or Assistants will sign your child in each morning.
8. If you wish to add Early Arrival to your child's program during the year, you may add with a start date at the beginning of the next month. Please contact the Preschool Office by the 25th of the month prior to the month you want to begin the service.
9. Written notification is required to cancel Early Arrival. If you sign-up for this service, fees will be charged each month unless we receive a written request to cancel.
10. NO WITHDRAWAL FOR PARTIAL MONTH. You are responsible for the entire monthly fee if you withdraw in the middle of the month.
11. Changes are allowed month to month. Notification of change should be requested by the 25th of the month prior to the month for which the change is being requested.

Child's Name (Please Print): _____

Yes, I would like my child to participate in Early Arrival on the following days:

_____ Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays

I agree to the terms and Guideline of the Monthly Early Arrival Program and understand that it is a MONTHLY term and that no changes can be made until the next monthly term. I further understand that I am not eligible for any refund of unused days or holidays that are a part of the regular school calendar.

Signature

Date