

**Jack and Jill Preschool**  
Holy Trinity United Methodist Church  
16 Sylvan Street, Danvers, MA 01923  
978-774-8144

Email: [jandjpreschool@yahoo.com](mailto:jandjpreschool@yahoo.com)

Website: [www.holytrinitydanvers.org/JandJ.htm](http://www.holytrinitydanvers.org/JandJ.htm)

**Registration Fee/Tuition Contract**

I wish to enroll my child for the upcoming school year. I agree with and understand:

- this registration form and the fifty dollar (\$50.00) non-refundable registration fee will ensure my child's placement.
- the tuition payments are made in ten (10) equal installments
- the first tuition payment is due on or before August 1<sup>st</sup>.
- if for some unforeseen reason my child is withdrawn from the Jack & Jill Preschool, thirty (30) days notice must be given to the Director.

Child's Name: \_\_\_\_\_ M F Date: \_\_\_\_\_

Address \_\_\_\_\_

Phone #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from above)

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from above)

Choice of Program:

\_\_\_\_ 2-day nursery T/TH

\_\_\_\_ 3-day preschool M/W/F

\_\_\_\_ Early Morning Care 7:30 - 9:00  
M T W TH F

\_\_\_\_ Lunch Bunch 12:00 - 1:00  
M W F