

2008-2009 FUM-Kids Application Form

Please return this form and your Registration fee to
Ellen Lewis in the church office or mail to 120 S. State Street, Ann Arbor, MI
48104

Child's Name _____ Birth date _____

Mother's Name _____

Father's Name _____

Address _____ City _____ Zip _____

Home Phone _____ E-mail: _____

Cell Phone/Pager of Mother or Father _____

_____ Application fee enclosed. \$20 *Please make checks payable to FUMC.*
Thank you!

_____ An additional form, one for each child, is attached.

Please check Option(s)

_____ **Morning Class (9:15 – 11:30 am)** **Tuition \$235 - \$290**

(Please indicate 1st, 2nd choice)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

_____ **Sibling Care Only Provided to FUMCN siblings**

(payment due at time of class)

_____ Children ages 2 yrs – 5 yrs (at time of class) **\$16 per class**

_____ Children ages 0 to 23 month **\$18 per class**

Name of child attending fumcn _____

Please circle which class child attends: 3 am 3 pm 4 am 4 pm

A registration packet will be mailed after June 10. Please return the completed forms and tuition payment by July 15. Make checks payable to FUMC and write "Fum-kids" in memo line. Thank you!