

Office Use Only

Age: _____

Check # _____

Amt _____

United Parish Early Learning Center
1 Church St.
Upton, MA 01568

Name of Child: _____ DOB: _____

Address: _____

Town/Zip: _____

Mother: _____ Email: _____

Address: _____ Phone: _____

Town/Zip: _____

Father: _____ Email: _____

Address: _____ Phone: _____

Town/Zip: _____

Please check the class you are registering for:

_____ **Moonbeams** T/TH 9:00-12:30 (Must be 2.9 before September 1st)
\$3825/school year (10 payments of \$382.50)

_____ **Comets** M/W/F 9:00-12:30 (Must be 3.0 before September 1st)
\$4740/school year (10 payments of \$474.00)

_____ **All Stars** M-F 9-12:30 (Must be 4.0 before September 1st)
\$5275/school year (10 payments of \$527.50)

_____ **Rising Sun M-F (7-9:00 a.m.) (Please check the days needed for morning care)**
M _____ T _____ W _____ TH _____ F _____

New families will pay their first month tuition along with registration.

Please return with a registration fee of \$200 (non-refundable) to:

United Parish Early Learning Center located at 1 Church St.

If mailing, please mail to:

United Parish ELC

PO BOX 382

Upton, MA 01568

Parent Signature _____ Date _____

Does your child have any allergies? _____