

REGISTRATION FOR THE 2018-2019 SCHOOL YEAR

Middletown Christian Preschool & Kindergarten

Parent's Day Out



Placement is based on data submitted on the application verses a first come first serve basis.

APPLICATION PROCESS

1. Applications may be submitted to the school office anytime between January 3, 2018 and January 19, 2018 to be considered for the priority registration.

Submit application with a non-refundable \$50 application fee. ^a

2. Confirmation letters will be mailed on February 9, 2018.

Once you receive your confirmation letter, reserve your spot by returning the enrollment form and \$150 registration fee ^b by March 9, 2018.

3. Nine monthly tuition payments ^c will be collected during the months of August 2018 thru April 2019.

If you have any questions, please stop by the school office or call us at 244-7971.

EXPLANATION OF FEES

- Application Fee -- is an administrative fee collected to start the registration process and is non-refundable.
- Registration Fee -- is collected to guarantee and hold your child's spot for the upcoming school year. This fee is worked into our budget to be used for snack and in-house supplies and teacher training for the school year. Once this fee is paid, it is non-refundable.
- Tuition -- As shown on the Application, there is an annual tuition amount for each class. The tuition has been divided into 9 payments paid August - April regardless of the number of days that are attended each month.

Child's Name _____

REGISTRATION FOR THE 2018-2019 SCHOOL YEAR

*Parent's Day Out class time is 9:00-12:15.

Children must be 14 months old by Aug. 1st to qualify for the Parent's Day Out program.

Classes Available for Parent's Day Out

Please circle your first choice for enrollment:

Monday/Wednesday 9:00-12:15

Tuesday/Thursday 9:00-12:15

Tuition

Annual Amount: \$1,665.00

Installment Amount: \$185.00

Installment Amount is paid monthly August 1 – April 1

**MIDDLETOWN CHRISTIAN
PRESCHOOL AND KINDERGARTEN**

Child's Full Name _____

Is your child presently enrolled in our preschool for the 2017-2018 school year? _____

If yes, number of years attending MCP&K (including 2017-2018) _____

Other Siblings:

Name	Age	If attended MCP&K – how many years & when
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a member of Middletown Christian Church? _____

If yes, number of years _____

Did either parent attend Middletown Christian Preschool & Kindergarten? _____

Who referred you to MCP&K? _____

OFFICE USE ONLY

CLASS _____

AMT. PAID _____

APPLICATION FOR ENROLLMENT FOR SCHOOL YEAR 2018-2019

***Please fill out all forms completely.**

First Name _____ Last Name _____ Date of Birth _____

Male _____ Female _____

Address _____ Telephone # _____

City, Zip Code _____

Mother's Name _____

Employer _____

Cell # _____ Work # _____

Father's Name _____

Employer _____

Cell # _____ Work # _____

Preferred email address _____

Do you have a church home? _____ Where? _____

Who will be dropping your child off for school?

Name _____ Relationship _____

Who has permission to pick your child up from the program?

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Who does not have permission to take your child from the program?

Name _____ Relationship _____

*****PLEASE NOTE: A COPY OF THE COURT DECISION MUST BE ON FILE IN ORDER FOR THE PROGRAM NOT TO RELEASE A CHILD TO HIS/HER NONCUSTODIAL PARENT.**

Who should the program contact in case of an emergency?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Hospital _____ Phone _____

Address _____

Allergies _____

Medications _____

I give permission to the MCP&K director and/or staff to use whatever emergency measures are judged necessary for the care and protection of my child while under their supervision.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary.

It is understood that in some medical situations the staff will need to contact the local emergency resources before the parent, or other adult acting on the parent's behalf.

Parent or Guardian's Signature _____

Date _____

**PERSONAL INFORMATION PROFILE
2018-2019**

***Please fill out all forms completely.**

Family and Social History

First Name _____ Last Name _____

What is the name you would like your child to be called at school? *(This is the name you would like them to learn to recognize and write in school.)* _____

Date of Birth _____ Female _____ Male _____

Telephone _____

Address _____ City _____ Zip Code _____

Mother's Name _____ (or Guardian) Cell Phone _____

Father's Name _____ (or Guardian) Cell Phone _____

Preferred email address _____

Child lives with _____ Both parents

_____ Single Parent (Please Name) _____

_____ Other (Please Name) _____

Custody/Visiting arrangements

****PLEASE NOTE: A COPY OF THE COURT DECISION MUST BE ON FILE IN ORDER FOR THE PROGRAM NOT TO RELEASE A CHILD TO HIS/HER NONCUSTODIAL PARENT.**

Brothers and Sisters of Child

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Other members of the household _____

Any Pets? (Include names) _____

Has child had other preschool or group play experience? _____

Where? _____

Reactions? _____

Developmental History of Child

The child's request word or words for using the bathroom _____

Can your child be relied upon to indicate his/her bathroom wishes? _____

What are your child's favorite indoor play activities? _____

What are your child's favorite outdoor activities? _____

Does your child have special fears that you're aware of? _____

Does your child have any speech problems? _____

What method of discipline is used in your home? _____

What is your child's usual reaction? _____

How would you describe your child's personality? _____

Health History of Child

Does your child have any physical limitations? _____

Does your child have any dietary restrictions or eating problems? Vegetarian? _____

Other: _____

Does your child have any allergies? (I.e. food allergies, medicine, bee stings) _____

If yes, how does it manifest itself? _____

Is your child on any medications? _____

May your child have special treats or snack? _____

Signed _____ **(Parent or Guardian)** **Date** _____

Release Form

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the school, and to leave school premises under the supervision of a staff member for field trips or in the case of an emergency. I give permission for my child's name, address, and phone number and email address to be printed in a class or school directory. I give permission for my child to be photographed and photos to be used for publication and on the school website or newsletter. I give permission for my child's teacher to have a classroom pet or to participate in a classroom activity where there may be pets brought into the classroom or facility. I will not hold Middletown Christian Preschool and Kindergarten or any staff member liable in the case of accidental injury while at school.

I hereby grant permission for the Director or Office Manager to take whatever steps necessary to obtain medical care. These steps will be taken, but not limited to, the following:

1. Attempt to contact a parent or guardian.
2. If we cannot contact a parent or guardian we will have the child taken to an emergency hospital in the company of a staff member.
3. Any expenses incurred under #2, above, will be borne by the child's family.
4. The school will not be responsible for anything that may happen as a result of false information or information that has changed and an update is not given to the school office.

Signed _____ (Parent or Legal Guardian) Date _____

**MIDDLETOWN CHRISTIAN CHURCH
PARENT'S DAY OUT
Policies and Procedures
2018-2019**

Sign in Procedure:

It is imperative that parents sign their child in at the time of arrival. Any special instructions for your child should be written on the sign in sheet.

Program Hours:

9:00am to 12:15pm

A late fee of \$10.00 will be charged for any child picked up after 12:15pm. There will be an additional \$2.00 per minute charge for pickups after 12:20.

Program Schedule:

PDO will follow the Preschools yearly calendar. This will be given out at the beginning of the school year. PDO follows the Jefferson County Public School snow closings and if there is a one hour delay for the JCPS system then PDO will also have a one hour delay. If there is a two hour delay then PDO will be canceled for that day.

Sickness/Illness:

Your child's health is a matter of major importance to all of us. Please keep your child home if he or she has had any of the following symptoms in the past 24 hours.

- Fever
- Heavy nasal discharge
- Persistent cough
- Fussy, cranky, or generally out of sorts
- Inadequate rest
- Symptoms of a possible communicable disease

PDO will not administer any regular medications to your child. We will only administer emergency medications such as an EpiPen. If your child has allergies or medical conditions we should be aware of, please talk to us ASAP.

Discipline Procedures:

We do not allow hitting, pushing, kicking, shoving, or biting. If a discipline problem should arise the child may be isolated by having him/her sit alone for a short period of time. For repeat occurrences the following actions will be taken.

1st offense - Parents will receive a report and made aware of the problem.

2nd offense - Parents will be called to pickup child immediately and given a warning.

3rd offense - Parents will be called immediately and child will be dismissed from the program forfeiting their registration and tuition.

Emergencies/Injuries:

In the case of an injury we will make an immediate attempt to contact a parent or guardian. If we are unable to contact you, if necessary, we will call for emergency medical assistance. Until the arrival of the parent, the, Director will make all decisions about the care of the child. Parents are expected to assume responsibility for any resultant expense not covered by insurance. An Emergency Permission form must be signed by a parent at the time of registration.

It is to your child's benefit that you keep PDO informed of any change in phone numbers and other pertinent information.

Middletown Christian Parent's Day Out reserves the right to dismiss a child for inability to adjust to the program.

Parent Signature _____ Date _____

TRANSITIONAL PLAN FOR MCP&K “TODDLERS”

Toddlers enrolled in MCP&K’s Parent’s Day Out program will be placed in a room that is considered a “transition” room where the children will be with other toddlers that will have up to a 3-month age span. All programming is age appropriate for all the children.

*To stay with-in our licensing requirements, we ask that you sign this statement. Even though it states that they are in a “transitional” room, they will stay with the same teachers and students throughout the school year.

Parent Signature _____ Date _____