

## REGISTRATION FOR THE 2018-2019 SCHOOL YEAR

### Middletown Christian Preschool & Kindergarten



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. <sup>a</sup>

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 <sup>b</sup> by March 9, 2018.

3. Nine monthly tuition payments <sup>c</sup> 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

\*Preschool and Kindergarten class time is 9:00-12:15.

**Children applying must have reached the age of the class by Aug. 1<sup>st</sup>.**  
(Example: To apply for a 3-year-old class, the child must be 3 by August 1<sup>st</sup>.)

**NO EXCEPTIONS!!**

<b>Class</b>	<b>Tuition</b>	<b>Annual</b>	<b>Number Choices (1, 2, 3)</b>
*2 Day/2 year olds (Mon./Wed.)	\$185.00	\$1,665.00	_____
*2 Day/2 year olds (Tues./Thurs)	\$185.00	\$1,665.00	_____
*2 Day/3year olds (Tues./Thurs.)	\$185.00	\$1,665.00	_____
*3 Day/3 year olds (M/W/F)	\$230.00	\$2,070.00	_____
*3 Day/3 year olds (T/TH/F)	\$230.00	\$2,070.00	_____
*5 Day/3 year olds (M-F)	\$300.00	\$2,700.00	_____
*3 Day/4 year olds (M/W/F)	\$230.00	\$2,070.00	_____
*4 Day/4 year olds (M-TH)	\$260.00	\$2,340.00	_____
*5 Day/4year olds (M-F)	\$300.00	\$2,700.00	_____
Kindergarten (1/2 day M-F)	\$350.00	\$3,150.00	_____

**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? \_\_\_\_\_

<b>OFFICE USE ONLY</b>
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 \_\_\_\_\_