

Child's Name \_\_\_\_\_

**REGISTRATION FOR THE 2018-2019 SCHOOL YEAR**

**Middletown Christian Preschool & Kindergarten**

**Parent's Day Out**



**REGISTRATION PROCESS:**

1. Submit application with a non-refundable \$200.00 registration fee.
2. Nine monthly tuition payments will be collected during the months of August 2018-April 2019.

**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. 1<sup>st</sup> to qualify for the Parent's Day Out program.**

**Classes Available for Parent's Day Out**

**Please contact school office to check availability of classes at (502) 244-7971.**

**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**

<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 \_\_\_\_\_

## ENROLLMENT CONTRACT

As my child \_\_\_\_\_ has been accepted into the \_\_\_\_\_ class at Middletown Christian Preschool & Kindergarten for the 2018-2019 school year and as I have paid the \$200.00 registration fee, I hereby agree to be responsible for the annual tuition rate of \$\_\_\_\_\_ divided into nine monthly payments of \$\_\_\_\_\_, due by the 1<sup>st</sup> of each month, August through April. I understand that after closing on the 5<sup>th</sup> of each month a \$10.00 late fee will accrue.

In that the tuition rate provides no surplus to carry teachers contracted salaries, it is further understood that no deduction in tuition can be made for any absences, scheduled holidays, conference days, or in-service days.

I understand that once the registration fee is paid this payment is non-refundable, no exceptions.

I accept responsibility for full payment of fees as stated herein.

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.

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

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

3<sup>rd</sup> 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 \_\_\_\_\_