

CHILD'S NAME _____



REGISTRATION FOR THE 2019-2020 SCHOOL YEAR

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

REGISTRATION PROCESS:

Please contact school office for availability of classes at (502) 244-7971.

1. Submit application with a non-refundable \$200.00 registration fee.
2. Nine monthly tuition payments will be collected during the months of August 2019-April 2020.

Children applying must have reached the age of the class by Aug. 1st.

(Example: To apply for a 3-year-old class, the child must be 3 by August 1st.)

NO EXCEPTIONS!!

<u>Class</u>	<u>Tuition</u>	<u>Annual</u>
*2 Day/2 year olds (Mon./Wed.)	\$190.00	\$1,710.00
*2 Day/2 year olds (Tues./Thurs)	\$190.00	\$1,710.00
*2 Day/3year olds (Tues./Thurs.)	\$190.00	\$1,710.00
*3 Day/3 year olds (M/W/F)	\$235.00	\$2,115.00
*3 Day/3 year olds (T/TH/F)	\$235.00	\$2,115.00
*5 Day/3 year olds (M-F)	\$305.00	\$2,745.00
*3 Day/4 year olds (M/W/F)	\$235.00	\$2,115.00
*4 Day/4 year olds (M-TH)	\$265.00	\$2,385.00
*5 Day/4year olds (M-F)	\$305.00	\$2,745.00
Kindergarten (1/2 day M-F)	\$355.00	\$3,195.00

OFFICE USE ONLY

CLASS _____

AMT. _____

PAID _____

APPLICATION FOR ENROLLMENT FOR SCHOOL YEAR 2019-2020

***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.**

EMERGENCY & MEDICAL INFORMATION 2019-2020

CHILD'S FIRST NAME _____ LAST NAME _____

Who should the program contact in case of an emergency (Please list someone other than the parent/guardian)?

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
2019-2020**

***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 _____

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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) _____

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? _____

Developmental History

This information will help your child continue their developmental progress in the classroom and help the teacher prepare for the school year. Thank you for filling out all information completely!

Do you currently have, or have you previously had, any concerns about your child’s development in the following areas (please check the appropriate box for *each area of development*):

DEVELOPMENTAL AREA	No concerns in this area of development	CURRENT CONCERNS	PAST CONCERNS	PLEASE DESCRIBE ANY CURRENT OR PAST CONCERNS:
COMMUNICATION				
FINE MOTOR				
GROSS MOTOR				
SELF-HELP				
COGNITIVE/ PROBLEM-SOLVING				
SOCIAL SKILLS				
EMOTIONAL DEVELOPMENT				

Does your child currently, or did they previously, receive early intervention or therapy services? (speech therapy, occupational therapy, physical therapy, developmental intervention, nutrition services, etc.). If so, please list the type of therapy/service and the developmental goal(s) being addressed (communication, articulation, fine motor, sensory integration, etc.)

How does your child communicate (crying, pointing, single words, phrases, sentences)?

Do other adults (outside the child's home) understand your child's method of communication most of the time ?

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

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

Has child had other preschool or group play experience?

Where?

Reactions?

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?

What method of discipline is used in your home?

What is your child's usual reaction?

How would you describe your child's personality?

Please list here any other information you would like to share about your child's development or anything else that might be helpful for the teacher to know in preparing for the school year:

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 2019-2020 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 1st of each month, August through April. I understand that after closing on the 5th 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** _____