

CHILD'S FULL NAME \_\_\_\_\_

**REGISTRATION FOR THE 2020-2021 SCHOOL YEAR**

**MIDDLETOWN CHRISTIAN PRESCHOOL & KINDERGARTEN**



**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 2020 thru April 2021.

**\*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!!**

<u>Class</u>	<u>Tuition</u>	<u>Annual</u>
*2 Day/2 year olds (Mon./Wed.)	\$195.00	\$1,755.00
*2 Day/2 year olds (Tues./Thurs)	\$195.00	\$1,755.00
*2 Day/3year olds (Tues./Thurs.)	\$195.00	\$1, 755.00
*3 Day/3 year olds (M/W/F)	\$240.00	\$2,160.00
*3 Day/3 year olds (T/TH/F)	\$240.00	\$2,160.00
*5 Day/3 year olds (M-F)	\$310.00	\$2,790.00
*3 Day/4 year olds (M/W/F)	\$240.00	\$2,160.00
*4 Day/4 year olds (M-TH)	\$270.00	\$2,430.00
*5 Day/4year olds (M-F)	\$310.00	\$2,790.00
Kindergarten (1/2 day M-F)	\$360.00	\$3,240.00

Is your child presently enrolled in our preschool for the 2019-2020 school year? \_\_\_\_\_

If child's siblings currently or previously attended MCP&K, please list their names and years attended:

---



---

Are you a member of Middletown Christian Church? \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

Who referred you to MCP&K? \_\_\_\_\_

### APPLICATION FOR ENROLLMENT FOR SCHOOL YEAR 2020-2021

**\*Please fill out all forms completely. Please print clearly.**

**Child's First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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.*) \_\_\_\_\_

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 has permission to pick your child up from the program (other than the parents)?

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.**

Child lives with: \_\_\_\_\_ Both parents \_\_\_\_\_ Single Parent (Please name) \_\_\_\_\_

\_\_\_\_\_ Other (Please name) \_\_\_\_\_

Custody/Visiting arrangements:

\_\_\_\_\_

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 \_\_\_\_\_

Other members of the household \_\_\_\_\_

Any Pets? (Include names) \_\_\_\_\_

**OFFICE USE ONLY**

CLASS \_\_\_\_\_ AMT. PAID \_\_\_\_\_ Carrie \_\_\_\_\_ Tracey \_\_\_\_\_

**PERSONAL INFORMATION PROFILE  
2020-2021**

**Please fill out all forms completely.**

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

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

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

**HEALTH HISTORY**

Does your child have any physical limitations? \_\_\_\_\_

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

Other: \_\_\_\_\_

May your child have special treats or snack? \_\_\_\_\_

**SOCIAL AND EMOTIONAL INFORMATION**

Has your child had other preschool or group play experience? \_\_\_\_ If so, where? \_\_\_\_\_

What was your child's reaction? \_\_\_\_\_

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:**

---

---

---

---

Middletown Christian Church Preschool & Kindergarten desires for your child's and family's experience with preschool to be a positive one! Please be aware that MCP&K has the right to release a child from the program if it is determined the program is not the right fit for the child. These decisions will be made on a case-by-case basis keeping in mind the best interest of the child, family, and preschool staff. While there may be a variety of situations where this occurs, some examples include: the developmental needs or special education needs of the child cannot be met appropriately by our program OR the child does not adjust to the program in a timely manner.

If your child has developmental delays or special education needs, please call the school office at 244-7971 to discuss so we can determine together if our program can meet your child's needs.

Signed \_\_\_\_\_ (Parent or Guardian) Date \_\_\_\_\_

**EMERGENCY & MEDICAL INFORMATION  
2020-2021**

**\*Please fill out this information completely or the application cannot be accepted.**

**CHILD'S FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_**

Who should the program contact in case of an emergency (*Please list someone other than the parent or 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.

Signed \_\_\_\_\_ (Parent or Guardian) Date \_\_\_\_\_

## RELEASE FORM

**Please read carefully and initial each line acknowledging your agreement.**

### INITIAL:

\_\_\_ I give permission for my child to use all the play equipment and participate in all of the activities of the school.

\_\_\_ I give permission for my child 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 give 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.

\_\_\_ I understand that MCP&K reserves the right to release the child from MCP&K if the child's needs cannot adequately be met for any reason including, but not limited to: the child does not adjust to the program in a timely manner OR the developmental/special education needs of the child cannot be appropriately met by the school. These decisions will be made on a case-by-case basis by the MCP&K Director and staff.

Signed \_\_\_\_\_ (Parent or Legal Guardian)      Date \_\_\_\_\_

## ENROLLMENT CONTRACT

As my child \_\_\_\_\_ has been accepted into the \_\_\_\_\_ class at Middletown Christian Preschool & Kindergarten for the 2020-2021 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 \_\_\_\_\_