

CHILD'S FULL NAME _____

REGISTRATION FOR THE 2021-2022 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 2021 thru April 2022.

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.)	\$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)	\$250.00	\$2,250.00
*3 Day/3 year olds (T/TH/F)	\$250.00	\$2,250.00
*5 Day/3 year olds (M-F)	\$320.00	\$2,880.00
*3 Day/4 year olds (M/W/F)	\$250.00	\$2,250.00
*4 Day/4 year olds (M-TH)	\$280.00	\$2,520.00
*5 Day/4year olds (M-F)	\$320.00	\$2,880.00
Kindergarten (1/2 day M-F)	\$385.00	\$3,465.00

Is your child presently enrolled in our preschool for the 2020-2021 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 2021-2022

***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
2021-2022**

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? _____

Does your child have any allergies? _____

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
2021-2022**

***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 2021-2022 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** _____