



REGISTRATION FOR THE 2024-2025 SCHOOL YEAR

MIDDLETOWN CHRISTIAN PRESCHOOL & KINDERGARTEN

APPLICATION PROCESS

1. Applications submitted after January 26, 2024 must be submitted with a \$250 non-refundable application and registration fee.
2. Applications must be completed in full. (The application is 9 pages not including this cover letter.)
3. Some classes are already full, so please include your 2nd and 3rd choices unless you have already spoken with our enrollment specialist and have been told the class you are applying for is currently available.
4. Nine monthly tuition installment payments will be collected June 1, Sept. 1, Oct. 1, Nov. 1, Dec. 1, Jan. 1, Feb. 1, March 1, and April 1. The June 1 confirms your intention to enroll your child in our school beginning in the Fall. The June 1 payment is non-refundable.

If you have any questions, please 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 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, tuition is charged annually. As a convenience, we offer you the option to pay that tuition in 9 payments. These are due on June 1, then Sept. 1 through April 1 regardless of the number of days that are attended each month. The June 1 payment is non-refundable.

CHILD'S FULL NAME _____

REGISTRATION FOR THE 2024-2025 SCHOOL YEAR

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.)
2-year-olds must have given up their morning nap to attend our program.

NO EXCEPTIONS!!

Class	Tuition	Annual	Number Choices (1, 2, 3)
2 Day/2 year olds (Mon./Wed.)	\$240.00	\$2,160.00	_____
2 Day/2 year olds (Tues./Thurs)	\$240.00	\$2,160.00	_____
2 Day/3year olds (Tues./Thurs.)	\$240.00	\$2,160.00	_____
3 Day/3 year olds (M/W/F)	\$300.00	\$2,700.00	_____
3 Day/3 year olds (T/TH/F)	\$300.00	\$2,700.00	_____
5 Day/3 year olds (M-F)	\$385.00	\$3,465.00	_____
3 Day/4 year olds (M/W/F)	\$300.00	\$2,700.00	_____
4 Day/4 year olds (M-TH)	\$330.00	\$2,970.00	_____
5 Day/4 year olds (M-F)	\$385.00	\$3,465.00	_____
Kindergarten (1/2 day M-F)	\$440.00	\$3,960.00	_____

Is your child presently enrolled in our preschool for the 2023-2024 school year? _____

If other children in the child's household currently or previously attended MCP&K, please list their names and years attended:

Do you regularly attend Middletown Christian Church? _____ If yes, how many years? _____

Who referred you to MCP&K? _____

APPLICATION FOR ENROLLMENT FOR SCHOOL YEAR 2024-2025

***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.)* _____

Gender _____

Address _____ Telephone # _____

City, Zip Code _____

*List the 1st adult in your child's household you would like contacted in case of an emergency or with day-to-day questions about your child or your account.

Parent/Guardian _____ Employer _____

Cell # _____ Work # _____

*List the 2nd adult in your child's household you would like contacted in case of an emergency or with day-to-day questions about your child or your account.

Parent/Guardian _____ 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 adults listed above)?

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. *****

OFFICE USE ONLY

CLASS _____ AMT. PAID _____ Director _____ Asst. Director _____

FAMILY INFORMATION PROFILE

We recognize that families are constructed in many ways. In order to better understand how we can best serve you and your child, please let us know who lives in the same household with your child and if there are any custody/visiting arrangements we should know about.

____ Child lives with two parents/guardians listed above

____ Child lives with 1st parent/guardian listed above

____ Child lives with 2nd parent/guardian listed above

____ Other (Please name) _____

Custody/Visiting arrangements are: _____

Other Children in the Child's Household:

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) _____

**PERSONAL INFORMATION PROFILE
2024-2025**

Forms must be filled out 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
2024-2025**

PLEASE FILL OUT THIS FORM 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 (in the event of an emergency) _____ Phone _____

Address _____

***MUST choose one hospital and include the 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 walk to other areas on the school premises.

___ I give permission for my child to participate in programming and activities provided by staff from MCP&K upon discretion of staff (i.e., music, chapel, nature walks, etc.)

___ 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 _____

PAYMENT ENROLLMENT CONTRACT

1. I am responsible for paying a non-refundable Registration fee that is due with my registration form.
2. The Registration fee is non-refundable – NO EXCEPTIONS.
3. The annual tuition is divided into nine payments. I am responsible for paying tuition **on or by the 1st of each month** – June, Sept., Oct., Nov., Dec., Jan., Feb., March, and April.
4. I am responsible for paying the first tuition payment by June 1st, 2024. This payment affirms my intention to enroll my child in Middletown Christian Preschool and Kindergarten and is non-refundable.
5. I will be charged a \$10.00 late fee if my monthly tuition payment is not received by the 5th of each month.
6. If payment is not received by the end of the month, I understand my child may not be able to return to class until my account is current – exceptions can only be granted through agreement with the director.
7. I understand there are no tuition reductions if my child misses school for illness or vacations.
8. I understand that tuition is divided into 9 monthly payments for my convenience and does not vary month-to-month depending on the number of days school is in session.

Signed _____ (Parent or Legal Guardian) Date _____

PROGRAM PARTICIPATION CONTRACT

1. I understand that I must provide Middletown Christian Preschool & Kindergarten my child's immunization form before the first day of school. If I fail to provide that form by the end of the grace period, I understand my child cannot return to school without that form.
2. I understand that my child cannot attend school within 48 hours of having a fever over 101, vomiting, or having diarrhea. I understand my child should not attend school within 24 hours of other signs of contagious illness.
3. I understand that Middletown Christian Preschool & Kindergarten is an educational institution and that arriving on-time for the beginning and the end of the day is very important to the school's programming.
 - a. I will strive to arrive on time to drop off my child for class so that their late entry will not disrupt the learning of my child's classmates. I understand that repeated tardiness without advance agreement with my child's teacher may mean my child is removed from the program.
 - b. I understand that is very upsetting to my child and it is a hardship for the program's staff to arrive late for dismissal. I understand that after a third late pick-up, I will be charged \$5 plus \$1 per minute upon arrival and will be paid to the staff member who waited with my child.

Signed _____ (Parent or Legal Guardian) Date _____

TRANSITION PLAN FOR TWO-YEAR OLDS TO THREE-YEAR OLDS

If you are enrolling your child in a two-year old class, you will need to fill out the form below and return it with your completed Registration form.

Parents,

Kentucky's Child Care Regulations state that children who are toddlers (under 36 months of age) must not be blended with older children for care. At Middletown Christian Preschool & Kindergarten, children are enrolled in a class based on what their age is on August 1st.

We do not have the ability to move a child to another classroom when they have a birthday; this is the same for the children who turn four while enrolled in a three-year-old class and for children who turn five while enrolled in a four-year-old class. We run our preschool just like "big school" in that aspect.

It is our belief that children are more successful when they are allowed to remain in the same room with their friends as opposed to being promoted one at a time into a new classroom in the preschool setting. As the children enrolled in our Two-Year-Room (Toddlers) celebrate their third birthdays, our staff will ensure that the classroom is continuously updated so that programming and equipment is age and developmentally appropriate for each child in the group. Instead of promoting your child to a new classroom on their third birthday – we will remain as a group for this school year.

We believe this is the best setting for your child and look forward to a wonderful year. This group transition plan is appropriate when an entire classroom transitions from a Two -Year-Old Class (Toddlers) to a Three-Year-Old Class (Preschool).

By signing below, you acknowledge that you understand our plan for transitioning the Two-Year-Old Room (Toddlers) to the Three-Year-Old Room (Preschool) and believe it would be the correct placement for your child.

Name of Parent: _____

Name of Child: _____

Signed _____ **(Parent or Legal Guardian)** **Date** _____