



**REGISTRATION FOR THE 2026-2027 SCHOOL YEAR**  
**MIDDLETOWN CHRISTIAN PRESCHOOL & KINDERGARTEN**

**APPLICATION PROCESS**

1. Applications may be submitted to the school office anytime between January 5, 2026 and January 30, 2026 to be considered for the priority registration.

Submit application with a non-refundable \$75 application fee.

2. Confirmation letters will be mailed by February 13, 2026.

Once you receive your confirmation letter, reserve your spot by returning the enrollment form and registration fee by March 6, 2026. The registration fee is \$225.

**FEES**

You may pay your child's tuition in one lump sum due June 1. Or you can pay it in nine monthly tuition installment payments that 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 installment confirms your intention to enroll your child in our school beginning in the Fall. The June 1 payment is non-refundable. The installment fee is 1/9 of the total tuition plus a \$5 convenience fee. For Example: A 2-day class tuition of \$2,385 a year will cost a total of \$2,430 if paid on the installment plan.

In addition, all Kindergarten students and our full-day preschool students will be assessed a \$100 class fee due the first day of school. Half-day preschool students will be assessed a \$50 class fee due the first day of school.

For 3- and 4-year-olds attending our half-day preschool classes, we offer a less structured extended day program for an additional fee. This fee is assessed based upon the number of afternoons a week a child is enrolled:

One Afternoon A Week	\$85/month
Two Afternoons A Week	\$170/month
Three Afternoons A Week	\$255/month
Four Afternoons A Week	\$340/month

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

**REGISTRATION FOR THE 2026-2027 SCHOOL YEAR**

**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>.)

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

**All students must be able to feed themselves in order to attend our program unless there is a developmental delay preventing this level of independence. Any such delay should be discussed with the director in advance so adequate planning for the child's care can be done.**

**NO EXCEPTIONS**

**Full Day Classes Will Be Dismissed Early on Friday. 4s at 11:50 a.m. 3s at 12:05 p.m. Ks at 12:20 p.m..**

<b>Class</b>	<b>Tuition</b>	<b>Annual</b>	<b>Number Choices (1, 2, 3)</b>
2 Day/2 year olds (Mon./Wed.)	\$265.00	\$2,340.00	_____
2 Day/2 year olds (Tues./Thurs)	\$265.00	\$2,340.00	_____
2 Day/3year olds (Tues./Thurs.)	\$265.00	\$2,340.00	_____
3 Day/3 year olds (M/W/F)	\$345.00	\$3,060.00	_____
3 Day/3 year olds (T/TH/F)	\$345.00	\$3,060.00	_____
5 Day/3 year olds half-day (M-F)	\$440.00	\$3,915.00	_____
5 Day/3 year olds full-day (M-F)	\$780.00	\$6,975.00	_____
3 Day/4 year olds (M/W/F)	\$345.00	\$3,060.00	_____
4 Day/4 year olds (M-TH)	\$385.00	\$3,420.00	_____
5 Day/4 year olds (half-day M-F)	\$440.00	\$3,915.00	_____
5 Day/4 year olds (full-day M-F)	\$780.00	\$6,975.00	_____
Kindergarten half-day (M-F)	\$485.00	\$4,320.00	_____
Kindergarten full-day (M-F)	\$825.00	\$7,380.00	_____

Is your child presently enrolled in our preschool for the 2025-2026 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 2026-2027**

**\*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 \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

City, Zip Code \_\_\_\_\_

\*List the 1<sup>st</sup> 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 2<sup>nd</sup> 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. \*\*\***

<b>OFFICE USE ONLY</b>			
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 1<sup>st</sup> parent/guardian listed above

\_\_\_\_ Child lives with 2<sup>nd</sup> 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  
2026-2027**

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.)

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

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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**  
**2026-2027**

**\*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, 2025. 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.
7. 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 it 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 due immediately upon arrival and will pay that fee to the staff member who disrupted afternoon plans to wait 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. This is the same promotion plan they will experience in "Big School."

It is our belief that children are more successful when they are allowed to remain in the same room with their friends instead of 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** \_\_\_\_\_

## ***Save This Page for Future Reference***

### **MCPK Notes for Parents**

#### **Tuition Information**

Tuition is charged in a lump sum or in 9 installment payments. If you choose the installment payment plan, your tuition payments are due **on or by the 1st of each month** – June, Sept., Oct., Nov., Dec., Jan., Feb., March, and April. Tuition is the same regardless of the length of the month. Tuition is the same regardless of attendance.

The application fee, registration fee, and 1<sup>st</sup> installment payment are non-refundable.

There is a \$10 late fee if installment payments aren't received by the 5th of each month.

#### **Extended Day Fee Payment**

We offer an Extended Day program for families who would like their 3-6 year-old child to experience a longer school day but are not yet ready for a full-day every day.

The cost of our Extended Day program is not covered by our morning program tuition fee,

Extended Day fees can be paid together with the tuition installment or in a separate payment.

Extended Day fees are due on the first of each month, Sept.-April.

There is a \$10 late fee for Extended Day fees not received by the 5<sup>th</sup> of each month.

#### **Immunization Forms**

Up-to-date immunization forms provided by your child's pediatrician are due before the first day of school.

Children whose immunization forms expire during the school year must have a new one on file upon expiration of the previous one.

Children cannot attend school without an up-to-date immunization form on file.

#### **In the Event of Illness**

Children 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.

#### **Attendance**

Please let your child's teacher know if your child will be absent or if they will be arriving late or leaving early.

Late arrivals are discouraged because this is very disruptive to the class.

#### **Late Pick Up Fee**

After the third late pick up, a parent will be charged \$5 plus \$1 per minute for the amount of time they are late in picking up their child from the program. This fee is paid directly to the staff member who had to wait with your child.