

Messiah-Moravian Preschool

Application for Enrollment 2017-2018

Please indicate your 1st and 2nd program preferences by filling in box.

| | | | |
|--|---------------------------|---------------------------|--------------------------|
| Toddler Class <i>(1 by 8/31/17)</i> | 2 Day Program—Mon/Wed | 2 Day Program—Tues/Thurs | 3 Day Program—Add Friday |
| Two Year Old Class <i>(2 by 8/31/17)</i> | 2 Day Program—Tues/Thurs | 3 Day Program—Mon/Wed/Fri | |
| Three Year Old Class <i>(3 by 8/31/17)</i> | 3 Day Program—Mon/Wed/Fri | 4 Day Program—Mon—Thurs | 5 Day Program—Mon—Fri |
| Four Year Old Class <i>(4 by 8/31/17)</i> | 4 Day Program—Mon—Thurs | 5 Day Program—Mon—Fri | |
| Readiness Class <i>(5 by 8/31/17)</i> | 5 Day Program—Mon—Fri | | |

Child's Full Name _____ Name child goes by _____

Birth date _____ Male Female

Address _____ City _____ Zip _____

Home phone _____ E-mail address _____

Family Information

Mother's name Mrs. Ms. Dr. _____

Occupation/ Place of Employment _____

Work phone _____ Cell phone _____

Father's name Mr. Dr. _____

Occupation/ Place of Employment _____

Work phone _____ Cell phone _____

Marital status _____

Siblings (name and age) _____

Preschool experience _____

Church presently attending _____

Would you like to receive information about Messiah Moravian Church? Yes No

Emergency Contacts

Please list local contacts who have your consent to pick up from school and can be called in case of an emergency.

| Name | Cell phone | Home Phone | Relation to child |
|------|------------|------------|-------------------|
|------|------------|------------|-------------------|

| Name | Cell phone | Home Phone | Relation to child |
|------|------------|------------|-------------------|
|------|------------|------------|-------------------|

| Name | Cell phone | Home Phone | Relation to child |
|------|------------|------------|-------------------|
|------|------------|------------|-------------------|

Medical Information

Child's doctor _____ Phone _____

Doctor's address _____

Allergies _____

Other information or evaluations (speech, etc.) to help us best serve your child _____

Other Information for 2017-2018

2017-2018 SCHOOL DIRECTORY

Please Initial

_____ I/We **DO NOT** want our address, email and phone number to be included in the PRESCHOOL DIRECTORY.

2017-2018 PHOTO RELEASE for World Wide Web and other Preschool Publications:

Please Initial

_____ I/We give permission for my child's photo or other illustrating materials to be featured on the Messiah Moravian Preschool website (www.mmpreschool.org). (Child's names are never used with any publications.)

_____ I/We do NOT give permission for my child's photo or other illustrating materials to be featured on the Messiah Moravian Preschool website (www.mmpreschool.org).

Terms of Enrollment

- Registration fee and first month's tuition are non-refundable.
- Registration fee of \$135 is due at registration. First month's tuition is due May 1, 2017.
- Fees are based on the 2017-2018 school calendar and allows parents to pay equal tuition payments monthly.
- A current MMP Health Form and any other medical forms (e.g. medical action plan) are due by August 1, 2017. Late fee of \$15 will be charged after August 1, 2017. These completed forms must be on file in the preschool office before child may attend first day of preschool. Forms are available from the preschool website or the preschool office.

I have submitted my child's complete information and agree to the Terms of Enrollment.

Parent Signature _____ Date _____