

Memorial Preschool Classes and Fees Schedule 2018-2019

Two Year Old Class

Monday/Wednesday

Or

Tuesday/Thursday

9 am to 11 am

Monthly Tuition \$90.00

Registration Fee \$35.00

*Supply Fee \$22.50

*Snack Fee \$22.50

4 Day Pre-K Morning Class

Monday, Tuesday, Wednesday, and

Thursday,

9 am to 12:00 Noon

Monthly Tuition \$125.00

Registration Fee \$35.00

*Supply Fee \$37.50

*Snack Fee \$37.50

Three Year Old Class

Tuesday, Wednesday, Thursday

9 am to 11:30 am

Monthly Tuition \$105.00

Registration Fee \$35.00

*Supply Fee \$27.50

*Snack Fee \$32.50

4 Day Pre-K Extended Class

Monday, Tuesday, Wednesday and

Thursday

9 am to 2 pm

Monthly Tuition \$180.00

Registration Fee \$35.00

*Supply Fee \$37.50

*Snack Fee \$37.50

3 Day Pre-Kindergarten (Pre-K) Morning Class

Tuesday, Wednesday, Thursday

9 am to 12:00 Noon

Monthly Tuition \$115.00

Registration Fee \$35.00

*Supply Fee \$27.50

*Snack Fee \$32.50

*Supply Fees and snack fees are paid twice during the school year. These fees are paid at the beginning of the school year by September 15, 2018 and once after Christmas Break by January 31, 2019. Registration fee of \$35.00 is non-refundable. Supply fees and snack fees are refunded on a pro-rated basis.

MEMORIAL PRESCHOOL
2701 POPLAR STREET
TERRE HAUTE, IN 47803
812-232-9046

CHILD'S NAME _____
(Last) (First) (Middle)

CLASS TO BE ENROLLED:

Monday/Wednesday Two Year Old Class _____

Tuesday/Thursday Two Year Old Class _____

Three Year Old Class _____

Three Day Pre-Kindergarten Class (Morning only) _____

Four Day Pre-Kindergarten Class (Morning only) _____

Four Day Pre-Kindergarten Class (Extended Day-9:00 to 2:00) _____

Teacher Preference _____

THERE ARE NO GUARANTEES THAT YOUR CHILD WILL HAVE THE TEACHER YOU LIST.

*REGISTRATION FEE IS NON-REFUNDABLE

*SUPPLY FEE IS REFUNDED ON A PRO-RATED BASIS

*SNACK FEE IS REFUNDED ON A PRO-RATED BASIS

*TUITION IS DUE BY THE 15TH OF EACH MONTH (SEPTEMBER - April, May is due by May 7)

*A \$10.00 LATE FEE WILL BE ADDED TO ANY PAYMENT RECEIVED AFTER THE 20TH OF THE MONTH UNLESS ARRANGEMENTS HAVE BEEN MADE WITH THE DIRECTOR.

AMOUNT _____ CHECK# _____ CASH _____

Date Received at School _____

DAYCARE PROVIDER

_____ (Name)

_____ (Address)

_____ (Phone)

OTHER PERSONS IN THE HOME (names, ages, relationship to child)

Name

Relationship

Age

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list those (besides parent/guardian) who may pick your child up from school:

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

GETTING ACQUAINTED

PRIOR GROUP EXPERIENCE (CHECK ALL THAT APPLY) :

Preschool _____ Sunday School _____ Daycare _____ Play groups _____

CHURCH AFFILIATION _____

FAVORITE PLAY MATERIALS/TOYS:

Indoors _____

Outdoors _____

PETS:

NAME	TYPE
_____	_____
_____	_____
_____	_____

DOES YOUR CHILD LIKE TO BE READ TO: Yes _____ No _____

DOES YOUR CHILD LIKE TO LOOK AT BOOKS ON HIS/HER OWN: Yes _____ No _____

IS YOUR CHILD TOILET TRAINED: Yes _____ No _____
(Children are asked to be toilet trained or working on it for all classes except the Two's classes)

WHAT TERM DO YOU USE FOR GOING TO THE TOILET? _____

IS YOUR CHILD RIGHT OR LEFT HANDED? _____

LIST ANY FEARS OR NERVOUS HABITS YOUR CHILD MAY HAVE OF WHICH WE SHOULD BE AWARE:

ADDITIONAL INFORMATION THE TEACHER SHOULD KNOW: _____

HEALTH INFORMATION

CHILD'S NAME _____

BIRTHDATE _____

HOSPITAL PREFERENCE _____

PHYSICIAN _____ PHONE _____

LIST EMERGENCY CONTACTS IF PARENTS CANNOT BE LOCATED:

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

PLEASE LIST ANY ALLERGIES YOUR CHILD HAS: _____

IS YOUR CHILD SUBJECT TO FREQUENT:

COLDS _____ SORE THROATS _____ VOMITING _____ NOSE BLEEDS _____

EAR INFECTIONS _____ OTHER _____

LIST OPERATIONS YOUR CHILD MAY HAVE HAD:

TYPE WHEN

ANY ADDITIONAL INFORMATION REGARDING YOUR CHILD'S HEALTH THAT THE TEACHER

SHOULD BE AWARE OF: _____

Please list any major illnesses your child has had _____

Please list maintenance medications your child takes _____

IMMUNIZATION RECORDS ARE REQUIRED BY THE STATE HEALTH DEPARTMENT. Please submit shot records by first day of class.

Consent for Emergency Medical Attention

I, the undersigned Parent/Guardian of _____, do hereby consent that my child may be given emergency medical help by either Memorial Preschool Staff or emergency medical personnel. I consent to be financially responsible for any medical or dental treatment given during the emergency. I understand that all effort will be given to notifying me as quickly as possible when an emergency occurs.

Signature

Date

CONSENT FORMS

I, the undersigned Parent/Guardian of _____, do hereby consent that photographs taken of my child at activities related to Memorial Preschool may be used for publication in the local newspaper, church newsletter, and preschool class projects. I understand that I can rescind this permission at any time with written notification to the Director of the Preschool.

Signature

Date

I hereby give permission for my child, _____, to attend and participate in all field trips conducted by Memorial United Methodist Preschool. In granting permission, I assume full responsibility for any damage to any person or property caused by any child, or ward. Further, I expressly waive any claim for liability against Memorial United Methodist Church or Memorial Preschool conducted by said church or any of its employees, or any other chaperone of children on any field trip.

I agree that my child or ward shall be subject to all the rules and regulations established by the Preschool Board and/or Director of Memorial United Methodist Preschool and that appropriate discipline may be imposed for violation of these rules and regulations. I further agree that if the health of my child or ward may make it necessary, at the discretion of the chaperones or teachers, my child may be given medical treatment by the staff or other medical personnel. I further consent to be financially responsible for any medical or dental treatment which may be advisable at the discretion of any physician or dentist.

I understand that my child's teacher will take the health form, filled out by the parent, and this consent on all field trips. If additional information is needed for any given field trip, I will supply the teacher the necessary information the day of that particular field trip.

It is further warranted that if the consent and release form is signed by one of two parents or guardians, it is with the consent and authority of the other.

Signature

Date

Address

Phone