



# Maitland Presbyterian Preschool

## Registration Form 2024-2025

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex F \_\_\_ M \_\_\_

Nickname \_\_\_\_\_

Address \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Other Contact # \_\_\_\_\_

Referred by: \_\_\_\_\_

**Registration/Materials Fee - \$275.00 Non-refundable (see below for VPK Only)**

**School Hours: 9:00 a.m. – 1:00 p.m.**

- Early and After Care available. Separate enrollment needed for this option.
- Please see page 2 of the registration form for details.

**Please check appropriate class**

**Monthly Amount**

<b>Toddler program (child must be 12 months and walking by 09/01/24)</b>		
___ 2 days	M T W T H F (circle the 2 days you want)	\$310.00
___ 3 days	M T W T H F (circle the 3 days you want)	\$415.00
___ 4 days	M T W T H F (circle the 4 days you want)	\$465.00
___ 5 days	M – F	\$520.00
<b>2 year old program (child must be 2 years of age by 09/01/24)</b>		
___ 2 days	M T W T H F (circle the 2 days you want)	\$310.00
___ 3 days	M T W T H F (circle the 3 days you want)	\$415.00
___ 4 days	M T W T H F (circle the 4 days you want)	\$465.00
___ 5 days	M – F	\$520.00
<b>3 year old program (child must be 3 years of age by 09/01/24)</b>		
___ 3 days	M T W T H F (circle the 3 days you want)	\$415.00
___ 4 days	M T W T H F (circle the 4 days you want)	\$465.00
___ 5 days	M – F	\$520.00
<b>4 year old program (child must be 4 years of age by 09/01/24)</b>		
___ VPK only	M – F (9:00 – 12:00)	\$0.00
___ VPK Plus	M – F (9:00-1:00)	\$200.00

**VPK Only: There is no registration fee required for our VPK Only program but space is limited for this option and must be approved by the Directors prior to registration.**

**Church Member discount is \$50.00 less per month and does not include VPK Plus. *Must be an active church member for at least 6 months to receive a discount.* Sibling discount is \$10 less per month for second child and additional \$15 for third. Discount is up to the discretion of the Director.**

**FOR OFFICE USE ONLY**

Registration/Mat Fee Paid Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_



# Maitland Presbyterian Preschool

## Extended Day Registration Form 2024-2025

Name of Child \_\_\_\_\_

Child's D.O.B. \_\_\_\_\_ Child's Class: \_\_\_ Toddler \_\_\_ Twos \_\_\_ Threes \_\_\_ VPK

Morning Care hours: 8:00a.m. – 9:00 a.m.

Aftercare Hours: 1:00 p.m. – 3:00 p.m.

**Please check your child's current class schedule:** **Monthly Amount**  
(You must register for the same number of days your child will attend.)

**Morning Care:**

___ 2 day M T W T H F (circle the 2 days your child attends)	\$50.00
___ 3 day M T W T H F (circle the 3 days your child attends)	\$75.00
___ 4 day M T W T H F (circle the 4 days your child attends)	\$100.00
___ 5 day	\$126.00

**Aftercare:**

___ 2 day M T W T H F (circle the 2 days your child attends)	\$110.00
___ 3 day M T W T H F (circle the 3 days your child attends)	\$160.00
___ 4 day M T W T H F (circle the 4 days your child attends)	\$215.00
___ 5 day	\$265.00

Extended Day Monthly Total \$ \_\_\_\_\_

**\*Drop-in days are subject to availability and will be charged at a rate of \$10 per hour.  
You must contact the preschool office for approval.**

I agree to pay the additional extended day payment at the first of each month with my regular tuition payment. I understand that I am paying a discounted amount and credits will not be given for extended days my child does not attend.

**Parent Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Registration Accepted: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Classroom Teacher \_\_\_\_\_



**Maitland  
Presbyterian Preschool**

Child's Full Name \_\_\_\_\_  
 Preferred Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_  
 City & Zip \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
 Cell phone \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
 Cell phone \_\_\_\_\_  
 Mother Occupation \_\_\_\_\_  
 Business phone \_\_\_\_\_  
 Father Occupation \_\_\_\_\_  
 Business phone \_\_\_\_\_  
 Church Affiliation \_\_\_\_\_  
 Toilet trained \_\_\_Y\_\_\_N  
 Email: \_\_\_\_\_

**State Law Requires a list of those persons who are allowed to take your child from this facility. Your child WILL NOT be released to anyone else without written authorization.**

**Persons permitted to remove child:**  
 Mother \_\_\_Y\_\_\_N    Father \_\_\_Y\_\_\_N

**Other persons:**

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_

**Additional Names may be added at any time.**

## Preschool Agreement

1. Completed medical form and parent's authorization for treatment must be submitted for each child before attendance is permitted.  
Family Physician \_\_\_\_\_  
phone \_\_\_\_\_  
Allergies \_\_\_\_\_  
\_\_\_\_\_
  
2. I grant permission for my child to participate in all activities unless otherwise indicated in writing. I also agree that in the event the school is unable to reach a parent in case of an emergency, it shall be authorized to secure medical attention as it is deemed necessary.  
Signature \_\_\_\_\_  
Date \_\_\_\_\_
  
3. I grant permission for my child to participate in all field trips with her/his class. I understand that the children will be transported by the parent in private automobiles and make use of seat belts.  
Signature \_\_\_\_\_  
Date \_\_\_\_\_
  
4. I understand that tuition is a yearly amount broken into 10 equal payments due on the 1st of each month (except for August which is due by the first day of school). I understand if payment is received after the 5th I will be assessed a \$25 late fee for that month.  
Signature \_\_\_\_\_  
Date \_\_\_\_\_
  
5. Due to the large increases in preventable childhood illnesses occurring in the country and our state, starting in 2019 our Board of Directors decided that the MPP will only allow medical exemptions for admission to our program. A doctor's signature will be required on the exemption certificate.  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Maitland Presbyterian Preschool**

**REQUEST FOR FOOD ALLERGY INFORMATION**

To ensure the safety of your child at school, we are requesting that you complete the following Food Allergy/Severe Food Allergy Information.

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to MPP in order to enable MPP to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a foodborne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as any foods your child cannot eat due to culture/religion etc. Please indicate the nature of your child's allergic reaction to the food.

**IF YOUR CHILD DOES NOT HAVE A FOOD ALLERGY/SEVERE FOOD ALLERGY PLEASE INDICATE NO ALLERGY AND RETURN THE FORM SIGNED AND DATED.**

- Food:** \_\_\_\_\_ **Nature of allergic reaction to the food**
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

**HEALTH ISSUES**

1. \_\_\_\_\_
2. \_\_\_\_\_

**EXTENUATING HOME/FAMILY CIRCUMSTANCES**

1. \_\_\_\_\_

**DEVELOPMENTAL CONCERNS**

1. \_\_\_\_\_

MPP will maintain the confidentiality of the information provided above and may disclose the information to teachers or other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act.

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date form was received: \_\_\_\_\_



**Maitland  
Presbyterian Preschool**

**Emergency Medical Care and Treatment Release  
Form**

I hereby grant permission to Maitland Presbyterian Church/MPP Staff to take whatever steps may be necessary to obtain emergency care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician listed below.
3. Attempt to contact you through any of the persons listed on the emergency information below.
4. If we cannot contact you or your child's physician, we will do any or all of the following: a) call another physician or paramedics, b) call an ambulance c) have the child taken to an emergency hospital in the company of a staff member.
5. Any expense incurred under the above will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment.

Persons to contact in the event we cannot reach you:

Name	Phone
Relationship	
1. _____	_____
_____	_____
2. _____	_____
_____	_____
3. _____	_____
_____	_____
4. _____	_____
_____	_____

**To Whom it May Concern:**

I Hereby give my consent to administer treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants to the nearest hospital.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



**Maitland**  
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## **Preschool Program – Discipline Statement**

**Our teachers use positive techniques of guidance, including redirection, anticipating and eliminating potential problems and encouragement. They do NOT spank, deny food, or use name calling. The children are encouraged to work out their differences. The teacher will act as a facilitator.**

**Sometimes a child's behavior requires that the home and the school work together for the child's sake. In that case the teacher or director will contact the parents and a means for dealing with the situation will be agreed upon.**

**Maitland Presbyterian Preschool**

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**Parent Signature**

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**Date**



**Maitland**  
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**Child Care Facility  
Brochure Statement (Chapter 402.3125, F.S.)**

On \_\_\_\_\_  
(Date)

I,

\_\_\_\_\_

\_\_\_\_\_  
(Name of Parent or Legal Guardian)  
Received a copy of the Child Care Facility Brochure.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Name of Child)

Please visit our website at [www.maitlandprespreschool.org](http://www.maitlandprespreschool.org) and read the Know Your Childcare Facility Brochure. The brochure can be found at <https://www.maitlandprespreschool.org/tuition-fees-forms>.





**Maitland**  
**Presbyterian Preschool**

## **PARENT HANDBOOK SIGNATURE PAGE**

**Please read the Parent Handbook located on our website at [www.maitlandprespreschool.org](http://www.maitlandprespreschool.org) and sign below then return to the preschool office.**

**We, the parent(s)/guardians of \_\_\_\_\_ have read and understand the contents of the Parent Handbook. We agree to follow the policies and procedures outlined in Parent Handbook.**

**We understand that the school reserves the right to amend policies and procedures when necessary, and that we will abide by those changes. Any changes made to the Handbook will be made known to me by the school.**

**We acknowledge that this form is valid as long as my child is enrolled at MPP**

**Signature of Parent/Guardian \_\_\_\_\_**  
**Date: \_\_\_\_\_**

**Signature of Parent/Guardian \_\_\_\_\_**  
**Date: \_\_\_\_\_**



**Maitland**  
**Presbyterian Preschool**

## **Parent Consent for Assessment**

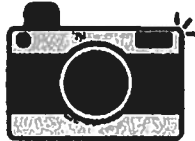
**In order for our preschool to assess your child and monitor their progress in our program, we will conduct a formal evaluation of your child using a standard progress report. This report will be used at the beginning of the year, as well as at the end of the year to show your child's growth in specified areas. This report was developed using Teaching Strategies Gold, which is part of our Creative Curriculum.**

**I, \_\_\_\_\_, hereby give Maitland  
Presbyterian Preschool permission to assess my child,  
\_\_\_\_\_ as stated above.**

\_\_\_\_\_  
**Parent/Guardian Signature**



# Permission to Photograph



**Dear Parents,**

**We have an MPP website and private Facebook page that features our classes and the activities in which the children participate. The site is strictly for children and their families. Here we post pictures, art projects, videos, and activities from the preschool day. MPP will never label or tag pictures of students with their names and will only post pictures with the permission of the parents. The teachers also post pictures on their Class Dojo or Shutterfly so you can see what they are doing during the day. Please indicate below if we do or do not have permission to place your child's work and photos on our website, classroom apps and Facebook page.**

**MPP has permission to place photos of my child participating in classroom activities and their work on their website or Facebook page.**

**YES \_\_\_\_\_ Good through VPK if selected**

**NO \_\_\_\_\_**

**Child's Name \_\_\_\_\_**

**Parent Signature \_\_\_\_\_**