

**Middletown United Methodist Preschool**  
11902 Old Shelbyville Road, Louisville, KY 40243  
502-245-8830  
[preschool@middletownumc.org](mailto:preschool@middletownumc.org) - email  
[www.middletownumc.org/preschool](http://www.middletownumc.org/preschool) - website

### **Registration Process for the 2017-2018 School Year**

1. Priority Registration – Registration Forms may be turned in to the Preschool Office between January 3<sup>rd</sup> and January 13<sup>th</sup> for those families currently enrolled in our Preschool, families who have had other children attend our Preschool, Child Development Center families, and Middletown United Methodist Church members.
2. Open registration begins on January 16<sup>th</sup> for all other families.
3. A copy of your child's current Kentucky immunization form is required with the application.
4. The registration form must be filled out completely. The non-refundable fee of \$175.00 for the first child (\$85.00 for each additional child) is due with the registration form. Checks made payable to MUMP. If we are unable to place your child in any of your acceptable choices, your registration fee will be refunded.
5. YOUR CHILD MUST BE THE AGE OF THE CLASS YOU ARE REGISTERING YOUR CHILD FOR BY AUGUST 1, 2017.
6. Confirmation letters will be sent out the first week of February, 2017.
7. Your first month's tuition – September (which also includes August) will be due on or by May 1<sup>st</sup>, 2017. This can be brought in to the Preschool or mailed to:  
Middletown United Methodist Preschool  
11902 Old Shelbyville Road  
Louisville, KY 40243
8. There will be nine months of tuition that you will be responsible for during the school year. The last payment will be due on April 1, 2018. You will always be paying one month in advance and tuition is due on or by the 1<sup>st</sup> of each month.

\*All morning sessions are from 8:45am – 11:45am and all afternoon sessions are from 12:30pm – 3:30pm.

Please contact the Preschool Office at 245-8830 with any questions or to schedule a tour of our facility.

Blessings,  
Kristen Clark  
Director, Middletown United Methodist Preschool

# Middletown United Methodist Preschool (MUMP)

## Registration Form 2017-2018

**IMPORTANT:** Along with this registration form, I am paying the non-refundable registration fee of \$175 for the first child and \$85 for each additional child. Checks made payable to MUMP. I understand that a current copy of my child's KY Immunization form is due with this registration form (if my child is currently enrolled at MUMP then one is not needed at this time.)

Registration fee paid \_\_\_\_\_ Check# \_\_\_\_\_ Immunization form turned in \_\_\_\_\_

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(first) (middle) (last)

Name Child Goes By \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(street) (city, state) (zip)

Preferred Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Siblings (and ages) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Any pertinent medical history, speech or physical therapy? \_\_\_\_\_  
Allergies? \_\_\_\_\_

Emergency Contacts:	Name	Number	Relationship
	_____	_____	_____
	_____	_____	_____

Is your child currently enrolled in our Preschool? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you a member of Middletown United Methodist Church? \_\_\_\_\_ The Child Development Center? \_\_\_\_\_  
Do you have a Church Home? \_\_\_\_\_ Where? \_\_\_\_\_

Please indicate class preference by **numbering your first and second choice** for your child's age group. We reserve the right to consolidate or cancel a class based on enrollment. All teachers have a four-year degree.

Class	Monthly Tuition	AM 8:45-11:45am	PM 12:30-3:30pm
1 Day 2 year olds AM (Thursday)	\$85.00	_____	_____
2 Day 2 year olds AM class (Monday and Friday)	\$170.00	_____	_____
2 Day 3 year olds (Tuesday and Thursday)	\$170.00	_____	_____
3 Day 3 year olds (Tuesday, Wednesday, Thursday)	\$215.00	_____	_____
3 Day 4 year olds (Monday, Wednesday, Friday)	\$215.00	_____	_____
4 Day 4 year olds (Monday, Tuesday, Wednesday, Friday)	\$245.00	_____	_____
5 Day 4 year olds (Monday thru Friday)	\$280.00	_____	_____
5 Day 5 year olds - Jr. K. program (Monday thru Friday)	\$300.00	_____	_____

*I agree to pay tuition for 9 months with the first tuition payment due May 1<sup>st</sup>.  
I understand that I am always paying one month in advance and tuition is due on or by the 1<sup>st</sup> of each month.*

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

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

**EMERGENCY MEDICAL CARE PERMISSION**

I give permission to Middletown United Methodist Preschool, including its director, teachers, employees and assistants to make any medical or other decisions appropriate for the protection of my child while under their supervision.

In case of a medical emergency, I understand that my child may be transported to a medical facility by the local emergency unit for treatment and hereby authorize Middletown United Methodist Preschool to consent to any medical procedures as reasonably necessary for my child.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parents, child's physician, and/or other adult acting on the parent's behalf.

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

\*\*\*\*\*

**ADDRESS/TELEPHONE/EMAIL RELEASE FORM**

I give permission to Middletown United Methodist Preschool to publish the following information in our "class list" book printed for our Preschool parents only at the beginning of the school year, plus for use during other preschool related activities/communication during the school year.

Address	_____yes		_____no
Telephone#	_____yes	Phone# _____	_____no
Email address	_____yes	Email _____	_____no

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

\*\*\*\*\*

**PHOTO/VIDEO WEBSITE RELEASE**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, do hereby give and grant unto Middletown United Methodist Preschool, permission to use my child's name, photograph, and/or videotaped image in publications, video productions, and/or Middletown United Methodist Preschool's website. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

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

.....

**ANIMAL/INSECT PERMISSION FORM**

I give permission to Middletown United Methodist Preschool to have animals in the Preschool: (fish, butterfly larva, eggs/chickens, and different animals/insects for "show and tell.")

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