

Middletown United Methodist Preschool
11902 Old Shelbyville Road, Louisville, KY 40243
502-245-8830
preschool@middletownumc.org - email
www.middletownumc.org/preschool - website

Priority Registration begins January 7th - January 11th 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. Open registration begins on January 14th for all new families.

1. YOUR CHILD MUST BE THE AGE OF THE CLASS YOU ARE REGISTERING THEM FOR BY AUGUST 1, 2019.
2. The registration form must be filled out **completely**. The non-refundable fee of \$180.00 for the first child and \$90.00 for each additional child is due with the registration form. If you are an active Middletown United Methodist Church member, the registration fee is waived for the first child and each additional child is \$90.00.
3. 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.
4. A copy of your child's current Kentucky immunization form is required. Your pediatrician can fax it to 502-245-9547 to the attention of Kristen Clark.
5. Confirmation letters will be sent out once your Registration form and fee has been received.
6. There will be nine months of tuition that you will be responsible for during the school year. Your first month's tuition (for September) is due by May 1st, 2019. The last tuition payment will be due on April 1, 2020. You will always be paying one month in advance and tuition is due on or by the 1st of each month or you will be charged a \$10.00 late fee.
7. The first months tuition (for September) that is due by May 1st, can be brought in to the Preschool or mailed to:

Middletown United Methodist Preschool
11902 Old Shelbyville Road
Louisville, KY 40243
8. If your child is currently enrolled in the Middletown United Methodist Child Development Center, the registration fee is \$90.00. There is a 10% discount off of your child's monthly tuition if they attend an afternoon preschool class.

*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 2019-2020**

IMPORTANT: Along with this registration form, I am paying the non-refundable registration fee of \$180 for the first child and \$90 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.) PLEASE PRINT NEATLY.

Child's Name _____ Male _____ Female _____
(first) (middle) (last)
Name Child Goes By _____ Date of Birth ____/____/____

Are you a member of Middletown United Methodist Church? _____ The Child Development Center? _____
Do you have a Church Home? _____ Where? _____

Home Address _____
Street City Zip Code

Home Phone _____

Preferred Email _____

Father's Name _____ Mother's Name _____
Employer _____ Employer _____
Work# _____ Cell# _____ Work# _____ Cell# _____

Child lives with _____ Both Parents
_____ Single Parent (Name) _____
_____ Other (Name) _____

Custody Arrangements (if applicable) _____

****A copy of the court decision must be on file in order for Middletown United Methodist Preschool NOT to release a child to his/her noncustodial parent.***

Sibling Information

Name	Date of Birth	Grade in School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other members in your household _____

Who should we contact in case of an emergency and we cannot reach parents/guardians?

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____

Doctor's Name _____ Phone# _____
Preferred Hospital _____ Phone# _____

Dentist's Name _____ Phone# _____

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 _____

DEVELOPMENTAL HISTORY

Does your child have any allergies (food allergies, medications, bee stings) _____

How does the allergy manifest itself? _____

Does your child have an epi-pen? _____

Is your child currently in/or has had speech therapy? _____

Does your child have any physical limitations? _____

Does your child have any special fears? _____

CLASS DIRECTORY

I give permission to Middletown United Methodist Preschool to publish the following information for my child's preschool class directory only.

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

Signature of Parent/Guardian _____ Date _____

PHOTO/VIDEO RELEASE – Classroom Usage Only

I give permission to Middletown United Methodist Preschool to use my child's name and/or photograph for classroom usage and class emails only. Examples of this would be family pictures for a family poster that hangs in my child's classroom, class books that get sent home, as well as emails that my child's teacher sends out to my child's class that includes pictures of the children participating in activities.

Signature of Parent/Guardian _____ Date _____

ANIMAL/INSECT PERMISSION

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 _____

CLASSES OFFERED

The non-refundable fee of \$180.00 for the first child and \$90.00 for each additional child is due with the registration form.

If you are an active Middletown United Methodist Church member, the registration fee is waived for the first child and each additional child is \$90.00.

If your child is currently enrolled in Middletown United Methodist Child Development Center, the registration fee is \$90.00. There is a 10% discount off of your child’s monthly tuition if they attend an afternoon preschool class.

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

Class	Monthly Tuition <small>(9 months of payments)</small>	AM 8:45-11:45am	PM 12:30-3:30pm
1 Day 2 year olds AM (Wednesday)	\$95.00	_____	
2 Day 2 year olds AM class (Monday and Friday)	\$185.00	_____	
2 Day 3 year olds (Tuesday and Thursday)	\$185.00	_____	_____
3 Day 3 year olds (Tuesday, Wednesday, Thursday)	\$230.00	_____	_____
3 Day 4 year olds (Monday, Wednesday, Friday)	\$230.00	_____	_____
4 Day 4 year olds (Monday, Tuesday, Thursday, Friday)	\$260.00	_____	_____
5 Day 4 year olds (Monday thru Friday)	\$295.00	_____	
5 Day 5 year olds - Jr. K. program (Monday thru Friday)	\$305.00	_____	

PAYMENT CONTRACT

I understand that:

1. I am responsible to pay a non-refundable Registration fee that is due with my Registration form.
2. I am responsible to pay tuition for 9 months.
3. I am always paying one month tuition in advance and tuition is due on or by the first of the month. If not received by the first of each month, I will be charged a \$10.00 late fee.
4. There are no deductions of tuition if my child misses school for illness, vacations, holidays, conference days, teacher in-service days, or for days missed due to inclement weather.

By signing this, I am agreeing to the above.

Signature of Parent/Guardian _____ Date _____

For office use only

Registration fee paid: Check# _____ Cash _____ Immunization form turned in _____