

MIDDLETOWN UNITED METHODIST PRESCHOOL
Registration Information for the 2021-22 School Year

YOUR CHILD MUST BE THE AGE OF THE CLASS YOU ARE REGISTERING THEM FOR BY AUGUST 1, 2021.

1. Priority registration is January 4 – January 8, 2021 for current preschool families, CDC families, and Church families. Registration opens to all new families on January 11th.

2. **THE REGISTRATION FORM MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED. PLEASE TYPE OR PRINT NEATLY ON THE FORM.**
 - The non-refundable Registration fee of \$200.00 for the first child and \$100.00 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 \$100.00.
 - For our Child Development Center (Day Care) Families - For families that also have a child enrolled in the Child Development Center, there is no Registration fee. There is a 10% discount off of your child's monthly tuition if they attend an afternoon preschool class. There is no discount if they attend a morning preschool class.
 - If you are registering your child for a 2 year-old class, there is a form titled *Transition Plan for Two Year-Olds to Three-Year-Olds* that must also be filled out and returned with the Registration form.
 - A copy of your child's current Kentucky immunization form is required with the Registration form. Your pediatrician can fax it to 502-245-9547 to the attention of Kristen Clark.
 - Checks are to be made payable to MUMP. Registration forms along with your Registration fee can be mailed to the Preschool:

Middletown United Methodist Preschool
Attn: Kristen Clark
11902 Old Shelbyville Road
Louisville, KY 40243

3. A confirmation email will be sent out once your Registration form and fee have been received.

4. If we are unable to place your child in any of your acceptable choices, your registration fee will be refunded.

5. Tuition is broken down into nine payments. Your first tuition payment is due on June 1st, 2021. The remaining eight payments are due on September 1st, October 1st, November 1st, December 1st, January 1st, February 1st, March 1st, and April 1st. Tuition is due on or by the 1st of each month or you will be charged a \$10.00 late fee.

6. All morning classes are from 8:45am – 11:45am and all afternoon classes are from 12:30pm – 3:30pm.

Please contact the Preschool Office at 245-8830 with any questions.

Blessings,
Kristen Clark
Director, Middletown United Methodist Preschool

**MIDDLETOWN UNITED METHODIST PRESCHOOL (MUMP)
REGISTRATION FORM 2021-2022**

IMPORTANT: I am paying the non-refundable registration fee of \$200 for the first child and \$100 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. THIS ENTIRE FORM MUST BE FILLED OUT COMPLETELY.

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 _____ Home Phone# _____
Street City Zip Code

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

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 _____
Pets _____

CLASS DIRECTORY

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

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

EMERGENCY MEDICAL CARE PERMISSION

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

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____

REQUIRED TO FILL IN THE NAME AND PHONE NUMBER FOR DOCTOR, HOSPITAL & DENTIST

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

- 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 received speech therapy? If so, please explain. _____

Is your child currently in or has received physical therapy or occupational therapy? If so, please explain. _____

Is your child currently in or has received developmental interventions? If so, please explain. _____

Does your child have any special dietary restrictions? _____

Does your child have any physical limitations? _____

Does your child have any special fears? _____

Release for Classroom Photo Usage - I give permission to MUMP to use my child's name and/or photograph for classroom usage (family posters) and class emails only. *Parent/Guardian Please initial* _____

Release for animals/insects in the preschool/classroom - I give permission to MUMP to have animals/insects in the Preschool. *Parent/Guardian Please initial* _____

CLASSES OFFERED

The non-refundable Registration fee of \$200.00 for the first child and \$100.00 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 \$100.00.

For families that also have a child enrolled in the Child Development Center (Day Care), there is no Registration fee. There is a 10% discount off of your child’s monthly tuition if they attend an afternoon preschool class. There is no discount if they attend a morning 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.

Class	Monthly Tuition (9 months of payments)	AM 8:45-11:45am	PM 12:30-3:30pm
1 Day 2 year olds AM (Thursday)	\$100.00	_____	
2 Day 2 year olds AM class (Monday and Wednesday)	\$205.00	_____	
2 Day 3 year olds (Tuesday and Thursday)	\$205.00	_____	_____
3 Day 3 year olds (Tuesday, Thursday, Friday)	\$250.00	_____	_____
5 Day 3 year olds (Monday thru Friday)	\$320.00	_____	
3 Day 4 year olds (Monday, Wednesday, Friday)	\$250.00	_____	_____
4 Day 4 year olds (Monday, Tuesday, Wednesday, Friday)	\$280.00	_____	_____
5 Day 4 year olds (Monday thru Friday)	\$320.00	_____	
5 Day 5 year olds - Jr. K. program (Monday thru Friday)	\$320.00	_____	

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. My first tuition payment is due on June 1st, 2021. The remaining eight payments are due on September 1st, October 1st, November 1st, December 1st, January 1st, February 1st, March 1st, and April 1st. Tuition is due on or by the 1st of each month or I will be charged a \$10.00 late fee.
3. 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 payment contract.

Signature of Parent/Guardian _____ Date _____

For office use only

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