

Annual Registration Fees***nonrefundable**

\$150 - 2 days/week

\$200 - 4 days/week

\$300 - Pre-K with \$75

applied to Dec. tuition

\$25 discount second child

First Presbyterian Church
MDO and Preschool
2016-2017 Registration Forms

A separate registration form is required for each child.
 Registration fees must accompany registration forms.

Family Information**Child**

Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Sex: _____

Child's Home Address: _____ Zip Code: _____

Child's Home Phone Number: _____

Father: _____

Occupation: _____

Business Phone: _____

Cell Phone: _____

Mother: _____

Occupation: _____

Business Phone: _____

Cell Phone: _____

Family Information:

Family Email Address: _____

Family Church Affiliation: _____

Is child living with both parents? _____ If NO, with whom? _____

Brothers and/or sisters: (indicate ages and if they live with the child):

Please list any other persons living with the child and their relationship to the child:

Pick-Up Information:

I give my permission to release my child to parent/parents and the following persons:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Persons who may NOT pick up my child:

- | | |
|----------|-----------------|
| 1. _____ | Signature _____ |
| 2. _____ | |

In Case of Emergency list two (2) names OTHER THAN parents who we may contact:

- | | |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |

Child's Name: _____

Health Care and History

Child's Physician: _____ Phone: _____

Check One: Is general health of child ☐ good ☐ fair ☐ poor

List communicable diseases the child has had: _____

Please circle Yes, NO, or N/A for each of the following:

ALLERGIES - YES or NO

_ Food - List food(s): _____

_ Insect sting - List insect(s): _____

_ Other (list) _____

Currently prescribed medications and treatments:

_ Oral antihistamine (Benadryl, etc.) _ Epi-pen _ Other _____

ASTHMA - YES or NO

Triggers: _ Environmental (dust, pets, pollen, etc.) (list) _____ Other (list) _____

Does your child experience asthma symptoms with exercise? _ No _ Yes

DIABETES - YES or NO

Currently prescribed medications and treatments:

_ Insulin: _ Syringe _ Pen _ Pump _ Blood sugar testing _ Glucagon

_ Oral medication(s) List medication(s) _____

SEIZURE DISORDER - YES or NO

Describe: _____

SPECIAL DIET required - YES or NO

Explain: _____

OTHER HEALTH CONDITIONS – Including but not limited to:

N/A

_ Anemia _ ADD/ADHD _ Cancer _ Cerebral Palsy _ Cystic Fibrosis _ Digestive disorders

_ Emotional/Psychological _ Juvenile Rheumatoid Arthritis _ Hemophilia _ Heart condition

_ Physical disability _ Skin Problems _ Irregular Bowels _ Bladder Problems

_ Educational, social, emotional, or behavioral concerns _ Other (explain) _____

Medication(s): _ No _ Yes List medication(s) _____

SPEECH AND/OR LANGUAGE DELAY

Is your child currently receiving speech and/or language therapy services? Yes or No

Has your child previously received speech and/or language therapy services? Yes or No

Please describe areas of concern: _____

Child's Name: _____

OTHER: Any other Pertinent Information we should know regarding your child's medical needs or that may require special attention. _____

*** If you checked yes to any of the above, further medical information may be required. The director will let you know if additional information or documents are needed.*

Permission for Health Care

FIRST AID: In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary.

Parent Signature

EMERGENCY CARE: In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Parent Signature

HEALTH RECORD TRANSFER: In the event of an emergency, I hereby authorize the transfer of child's health records to the local hospital.

Parent Signature

I hereby authorize the staff of First Presbyterian Church of Baton Rouge MDO and Pre-School:

1. To care for my child during the time he or she is on our campus and in our care.
2. To secure emergency medical care for my child in the event that the staff is unable to reach me using the information provided.

Date

Signature

Child's Name: _____

Program Information, FEES, and Contractual Agreement

Registration Fees must accompany the application. A separate application must be completed for each child being registered.

MONTHLY TUITION

****A discount in tuition is given for multiple children in a family currently enrolled in our program.**

First Child

2 days week - \$200

4 days week - \$355

Pre-K - \$370

Additional Child or Children in Family

2 day week - \$190

4 days week - \$345

Late Fees:

1. Tuition - Payment is considered late after the 1st of the month, and a late charge of \$15.00 per child will apply.

2. Late Child Pick-Up: A late fee will be charged if a child is picked up after 2:00 p.m. A fee of \$10 will be charged for any portion of first 10-minute period overtime, in addition to \$1.00 per minute thereafter.

Withdraws: Two weeks advanced notice is required for withdrawal or payment of ½ month tuition.

Immunization Records: Current immunization records from your child's physician are due in the director's office prior to the first day of school.

I, _____, contract to pay \$_____.00 each month to
(Your Name Printed)

First Presbyterian Church for the tuition for my child and I understand the Fee schedules.

Parent's Signature

Date

Family Directory – check appropriate blank

- A Family Directory is provided to each family in our MDO and Preschool. The Directory is NOT posted online.

___ I give First Presbyterian Church MDO and Preschool permission to list my child's name, number and address in the Family Directory.

___ I ONLY want my child's name printed in the Family Directory.

___ I do NOT want my child's information printed in the MDO and Preschool Family Directory.

Pictures – check appropriate blank

___ I give permission for FPC MDO and Preschool to photograph my child for use only in classroom projects and on facility bulletin boards. NO pictures will be placed on the Internet.

___ I do NOT want my child's photograph to be used by FPC MDO and Preschool.

Operating Fees, Schedule, and Class Placement

Child's Name: _____ Sex: M or F DOB: _____

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DAYS REQUESTED Please review the following options and indicate your preference for your child. Please place a "1" in the left hand column for your first choice and a "2" for your second.

(1 st or 2 nd)	# days/week	Days
	2	Mon/Wed
	2	Tues/Thurs
	4	Mon - Thurs

CLASS PLACEMENT – Please check the appropriate class based on your child's DOB.

These dates are approximate, depending on space and child's development.



Caterpillars: 6 - 13 months (DOB 2/16, 1/16, 12/15, 11/15, 10/15, 9/15, 8/15, 7/15)

**For Caterpillars class – child must be 6 months of age by September of 2016.*



Ducks: 14 - 22 months (DOB 6/15, 5/15, 4/15, 3/15, 2/15, 1/15, 12/14, 11/14)



Butterflies: 23 – 28 months (DOB 10/14, 9/14, 8/14, 7/14, 6/14, 5/14, 4/14)



Frogs: 2.5 – 2.11 years (DOB 3/14, 2/14, 1/14, 12/13, 11/13, 10/13)



Bees: 3 – 3.6 years (DOB 9/13, 8/13, 7/13, 6/13, 5/13, 4/13, 3/13)



Monkeys: 3.7 – 3.10 years (DOB 2/13, 1/13, 12/12, 11/12, 10/12)

*****Children must be potty trained in this class. Signed Addendum Required.*****



Tigers: 4-year-old Pre-Kindergarten (Must be 4 yrs. old on or before 9/30/16)

*****Children must be potty trained in this class. Signed Addendum Required.*****

**** This is a 4-day a week program****