

Annual Registration Fees
***nonrefundable**
 \$200 - 2 days/week
 \$250 - 4 days/week
 \$400 - Pre-K with \$75
 applied to Dec. tuition
 \$25 discount second/additional child

**First Presbyterian Church
 MDO and Preschool
 2019-2020 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: _____	Mother: _____
Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Please specify) _____	
Occupation: _____	Occupation: _____
Business Phone: _____	Business Phone: _____
Cell Phone: _____	Cell Phone: _____

Family Information:

Email Address (required): _____
 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 (if applicable):

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

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.*

Immunization Records – Current immunization records are due in the director's office prior to the first day of school.

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

=====

Family Directory – check appropriate blank

• A family directory is provided to each family in our MDO and Preschool. The directory is NOT posted online. It is primarily used by families for birthday parties and contacts for playdates.

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

___ I ONLY want my child's name and family email printed in the family directory.

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

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

First Child

2 days week - \$225

4 days week - \$375

Pre-K - \$395

Additional Child or Children in Family

2 day week - \$215

4 days week - \$365

- If a family has more than one child currently enrolled in our program, a \$10 discount in tuition for the second or each additional child is given.

Tuition is billed for 9½ months to reflect our MDO and Preschool Calendar Schedule (Aug – May). Tuition is billed a month in advance with half a month's tuition due July 1, 2019 (for August) and a full month's tuition due August-April for the remainder of the school year. Tuition is not collected in May.

Annual Fees due in July:

Fees: \$60 supply fee (includes \$10 for Teacher Appreciation Week)

Activity Fee: for preschool classes only (Bees, Monkeys, Tigers): \$110 for King's Praise Creative Movement for children enrolled on Wednesdays (includes t-shirt).

Late Fees:

1. **Tuition** - Payment is due a month in advance and due on the 1st of that month. For payment received after the 5th of the month, a late charge of \$15.00 will be applied.
2. **Late Child Pick-Up:** For late pick-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:

A 30-day advance, written notice is required for withdrawal. A "30-day" notice represents 4 weeks tuition to be paid. A child may attend during this 30-day period.

I certify that I understand and accept the above stated FPC MDO and Preschool Fee Schedule including registration fees, monthly tuition, annual fees, and late fees. I agree to pay 9½ months tuition, with my child's full month tuition rate as: \$_____. For any withdrawals, a 30-day written notice is required which represents 4 weeks of tuition to be paid.

Father/Guardian's Signature

(Printed Name)

Date

Mother/Guardian's Signature

(Printed Name)

Date

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 2/19, 1/19, 12/18, 11/18, 10/18, 9/18, 8/18, 7/18)**
- _____  **Ducks: 14 - 21 months (DOB 6/18, 5/18, 4/18, 3/18, 2/18, 1/18, 12/17, 11/17)**
- _____  **Butterflies: 22 – 28 months (DOB 10/17, 9/17, 8/17, 7/17, 6/17, 5/17, 4/17)**
- _____  **Frogs: 2.5 – 2.10 years (DOB 3/17, 2/17, 1/17, 12/16, 11/16, 10/16)**
- _____  **Bees: 2.11 – 3.5 years (DOB 9/16, 8/16, 7/16, 6/16, 5/16, 4/16, 3/16)**
- _____  **Monkeys: 3.6 – 3.10 years (DOB 2/16, 1/16, 12/15, 11/15, 10/15)**
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 9/30/19)**
Children must be potty trained in this class. Signed Addendum Required.
 *This is a 4-day a week program**