

Please check your class choice (s)

Pre K I (3-4 yr olds)

_____ 2 day T/Th AM _____ W/F AM (9-11:30 AM)

_____ 3 day M/W/F AM (9-11:30 AM)

_____ 3 day EXT DAY M/T/Th (9-2 PM)

Pre K II (4-5 yr olds)

_____ 2 day W/F AM (9-11:30 AM)

_____ 3 day M/W/F AM (9-11:30 AM)


_____ 4 day T-F AM (9-11:30 AM)

_____ 3 day EXT DAY M/T/Th (9-2 PM)

**Class offerings are subject to minimum enrollment #'s*



www.maplecitychristianpreschool.org
mccpschool44857@yahoo.com

 Maple City Christian Preschool

| Student's Information | | |
|---|---------------------------|-----|
| First Name: | Last Name: | MI: |
| M or F | Preferred Name at school: | |
| Date of Birth: | | |
| **CHILD MUST BE FULLY POTTY TRAINED BEFORE ATTENDING MCCP | | |
| Student(s) Live With: ___ Both Parents ___ Mother ___ Father ___ Guardian | | |
| If Applicable, are Custodial Papers on File ___ yes ___ no | | |
| School District of Residence: | | |

| Father's Information or Legal Guardian | | |
|--|---------------------|------|
| First Name: | Last Name: | |
| Street: | City: | Zip: |
| Home Phone: | Cell Phone: | |
| Employer: | Work Phone: | |
| Email: | Church Affiliation: | |
| Mother's Information or Legal Guardian | | |
| First Name: | Last Name: | |
| Street: | City: | Zip: |
| Home Phone: | Cell Phone: | |
| Employer: | Work Phone: | |
| Email: | Church Affiliation: | |

| | |
|---|-------------------|
| Please help us prepare for your child by answering the questions below: | |
| At what age was your child toilet trained? | |
| Does your child speak in complete sentences? | |
| Does your child have a hand preference? | If so, which one? |
| Does your child participate in other activities outside your home? | |
| Please List: | |
| Does your child prefer busy activities or quiet play? | |
| What would you especially like us to know about your child? | |
| | |
| | |

| | |
|------------------|------|
| Siblings: | |
| Name: | Age: |
| Name: | Age: |
| Name: | Age: |
| Name: | Age: |

Authorized Pick-Up List: I give permission for the following people to pick up my child from school. No other person will be allowed to take my child from school without written notice, dated permission, and photo I.D. It will be assumed that both parent are included- please indicate if this is not true.

Both Parents' Right to Pick Up: Under the laws of the state of Ohio, both parents may have the right to pick up their child, unless a court document restricts that right. The enrolling parent, who chooses not to include the child's other parent on the authorized pick-up list, must file an official court document (e.g., current restraining order, sole custody decree, divorce decree stating sole custody). Absent that document, the center may release the child to either parent, provided that parent documents his paternity/her maternity of the child.

1. _____ Relationship to child _____
2. _____ Relationship to child _____
3. _____ Relationship to child _____
4. _____ Relationship to child _____

| | | | | |
|--------------------------|------------------------------|---|---|--|
| Tuition Rates | 2 day AM | 3 day AM | 4 day AM (Pre K II) | 3 day EXT |
| Monthly | \$65 | \$95 | \$120 | \$170 |
| Yearly (2% disc.) | \$573.30 | \$837.90 | \$1058.40 | \$1499.40 |
| Time/value | 20 hrs/mo. \$3.25 per hour | 30 hrs/mo. \$3.17 per hour | 40 hrs/mo. \$3 per hour | 60 hrs/mo. \$2.83 per hour |
| Fees | Registration Fee | Program Fee | Late Payment Fee | Late Pick-up Fee |
| | \$35 (non-refundable) | \$25 (One-time, payable in August) | \$15 , assessed 25 th of the month. | \$1 per minute , assessed after 10 min. late (11:40 M, 2:10 PM) |

Payment Options:

_____ Payment in full: Due at Fall Parent Orientation, 2% discount.

_____ 9 monthly payments: Tuition is due **one month in advance**, making the first payment due August 15th. The last payment will be made April 15th, for May.

Tuition Collection Policy:

1. Tuition payments are collected in the white tuition box, inside the Director's office. Check or cash payments should be placed in an envelope, with the students' name, and dropped in the locked tuition box. Receipts will be written for cash payments only. Checks are made payable to Maple City Christian Preschool, or MCCP.
2. Tuition paid on a monthly basis must be paid on or before the 15th of the preceding month. Late fees are assessed on the 25th of the month. In the event a tuition payment obligation is not met by beginning of the month, the child may be excluded from class until the full payment is made. Families experiencing unusual circumstances should see the Director to make other arrangements.
3. If paying by check, please put the child's name on the bottom memo line, in order for the payment to be applied to the correct account. Checks returned for non-sufficient funds will require an additional \$20 fee.
4. Payments may also be mailed to MCCP 2755 State Route 250 Norwalk, OH 44857

We offer a sibling discount, **\$10 off** per month of the second child's tuition. This applies to yearly payments, as well.

For Office Use only:

| | |
|--------------------------------|---|
| Application Received | Date ____ / ____ / ____ Time |
| \$35 Registration Fee Received | cash check # ____ / ____ / ____ |
| Medical Form Received | yes ____ |
| Parent Received Handbook | ____ / ____ / ____ Parent signature |

Permission to Videotape and /or Photograph:

I give permission for MCCP to videotape and/or photograph my child while at preschool. The media may be used for observation techniques, classroom projects, publicity, special events, and/or MCCP archives.

Parent/Guardian Signature _____
Date

Permission for Website:

_____ Yes, I give permission for my child’s picture to be on Maple City Christian Preschool’s website and Facebook. (The pictures will *not* include children’s names.)

_____ No, I do not give permission for my child’s picture to be on the website or Facebook.

Parent/Guardian Signature _____
Date

Ages & Stages Questionnaires:

I am willing to fill out Ages & Stages Questionnaires about my child’s development and return them within 30 days. (The questionnaires will be in your Parent Orientation packet).

Parent/Guardian Signature _____
Date

Permission to Share Information:

Preschool staff will only share information regarding children’s development with the parent/guardian. If you’d like them to share information about your child with another adult, please complete:

I give permission for the preschool staff to share information regarding my child’s development with the following (please include relationship to child):

Parent/Guardian Signature _____
Date

Health Information:

List all allergies: (Any special precautions or treatment for these allergies MUST be noted on a CHILD MEDICAL/PHYSICAL CARE PLAN prescribed form.)

List any medications, food supplements or modified diets currently administered: