

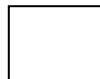
(All fields must be completed. TY)



PLAYFUL BEGINNINGS PRESCHOOL

Mechanicsburg Presbyterian Church

2024-2025 REGISTRATION



PROGRAMS OFFERED

↓	PLEASE NOTE THE ORDER OF YOUR PREFERENCE 1.2.3...	
Butterfly Class – Young Toddlers		
Must be walking and be 20 months old by 9/1 . Children do not need to be potty trained for this class.		
2 days	Monday and Wednesday	
2 days	Tuesday and Thursday	
Bumblebee Class - Toddlers		
Must be age 2½ by 8/1 . Children do not need to be potty trained for this class.		
2 days	Monday/Wednesday	
2 days	Tuesday/Thursday	
Owl Class - 3-year-olds		
Must be age 3 by 9/1 and be completely potty trained. (No diapers or Pull-Ups) 1 Combined Class		
2 days	Monday/Wednesday	
2 days	Tuesday/Thursday	
4 days	Monday/Tuesday/Wednesday/Thursday	
Fish Class - Pre-K 4		
Must be age 4 by 9/1 and be completely potty trained. (No diapers or Pull-Ups) 1 Combined Class		
3 days	Tuesday/Wednesday/Thursday	
4 days	Monday/Tuesday/Wednesday/Thursday	
Frog Class - Pre-K 5		
Must turn age 5 by 2/28 during the preschool year and be completely potty trained.		
4 days	Monday/Tuesday/Wednesday/Thursday	
<p>Please remit the required \$55.00 non-refundable registration fee per child, or the \$65.00 non-refundable registration fee per family with this form.</p> <p>Forms will not be processed without receipt of the registration fee.</p> <p>Checks should be made payable to MPC. Thank you.</p>		

Student Information

First Name	
Last Name	
Birth Date mm/dd/yyyy	Female / Male (please circle one)

Name you wish your child to be called (nickname/pronunciation) _____

Would you be interested/able in volunteering at preschool activities? Yes/No (please circle one)

How did you learn about our program? _____

Who recommended our program to you? _____

Child's Name: _____

(All fields must be completed.)

Family Contact Information		
1st Parent's name mother/father – circle one	Last	First
Phone: Home/Cell (circle one)		
Email Address:		
2nd Parent's name mother/father – circle one	Last	First
Phone: Home/Cell (circle one)		
Email Address:		
Family Address: Street, City, Zip		
Employer/Occupation	1 st parent	2 nd parent
Employer address & phone number		
Religious Affiliation		
School District (circle one)	Mechanicsburg, Cumberland Valley, West Shore, Camp Hill, Carlisle, Other:	

Communication – If enrolled, you will receive a class list of names, addresses, phone numbers and emails. This will only be shared with the students in your child's specific class. Before we provide this contact information, we would like your permission to do so. Please note that this is helpful for building relationships, like arranging playdates with other students/families for example. (Nothing circled with be considered a 'No.')

Please circle Yes or No	Name – Yes/No	Address – Yes/No	Cell phone – Yes/No	Email address – Yes/No
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Health

Playful Beginnings Preschool requires that all enrolled children have received age-appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics.

Is your child current with their medical checkups and immunizations? Yes _____ No _____

Does your child have any allergies? Yes _____ No _____ If yes, please list all allergies (food or other):

If your child has food/other allergies, do they use an Epi-pen? Yes _____ No _____

Does your child have asthma? Yes _____ No _____ If yes, do they use an inhaler? Yes _____ No _____

Is your child a vegetarian? Yes _____ No _____ Is your child a vegan? Yes _____ No _____

Is your child toilet trained? Yes _____ No _____ (As of the date on this form.)

Does your child have any special needs? Yes _____ No _____

Does your child have an IEP? Yes _____ No _____

Is your child receiving support services for special needs? Yes _____ No _____

If yes, please note details below, for example, speech, occupational, music, physical or behavior therapy.

(All fields must be completed.)

Child's Name: _____

History and Interests

If you have other children, have any of them been enrolled in Playful Beginnings Preschool before? Yes/No

If yes, which teacher/class _____

Has your child been enrolled in any other preschool program/childcare? Yes/No

If so, what is the name of the program? _____ Where? _____

Was it a pleasant experience? Yes/No

If not, please explain _____

What are your child's special interests and favorite activities? _____

What situations require discipline? _____

What method of discipline do you use? _____

What fears does your child have? _____

What TV shows and games does he/she like to watch and play? _____

What are your child's favorite books and stories? _____

What holidays and celebrations do you observe at home? _____

Household – Please list all other siblings, children, and adults (other than parents) living in the home.

Name (Child/Adult)	Age		Name (Child/Adult)	Age
Name (Child/Adult)	Age		Name (Child/Adult)	Age

Does your child speak English? Yes _____ No _____ Does your child understand English? Yes _____ No _____

What language(s) is spoken in the home? _____

Use the remaining space to write other information that you would like to share with us that would help us

to understand your child better. Please explain what you would like your child to gain (goals) from the

preschool experience. _____

Tuition Information

Tuition for the 2024-2025 school year:			<p>Tuition rates are per month. Tuition is due by the 1st of each month for the following month. For example, tuition for March is due on February 1st. There is a \$20.00 late fee per month added to all tuition received after the 10th of the month starting with the October tuition payment. Tuition that is more than one month late may result in your child being removed from PBP. Information subject to change. All checks should be made payable to MPC.</p>
BF-Young Toddlers	M/W or T/TH	\$184.00	
BB-Toddler Class	M/W or T/TH	\$184.00	
Owl-3 Year Olds Class	M/W or T/TH	\$184.00	
Owl-3 Year Olds Class	M/T/W/TH	\$289.00	
Fish-PreK-4	T/W/TH	\$245.00	
Fish-PreK-4	M/T/W/TH	\$289.00	
Frog-PreK-5	M/T/W/TH	\$289.00	
Tuition payment #1 for September will be due on July 1.			

Since the preschool is a private non-profit institution, tuition must cover all costs of the program, including staff salaries, substitute teachers, social security tax, facility fees, general school supplies, classroom supplies, and any other costs related to the school’s programming. The guidelines for determining the tuition amounts are based on the cost of running the school and is non-refundable. When you register your child in our program, you are reserving space for the entire school year, September through May. You are expected to pay the total, monthly tuition, September through May, regardless of your child’s attendance. Tuition is based on enrollment and is due regardless of illness, holidays, vacation, or absence. Withdrawals are reviewed on a case-by-case basis and require 60 days’ notice. For your convenience, tuition is annualized into nine (9) equal payments considering the total number of days of preschool per year. Please sign below indicating that you understand and agree to the preceding statements.

Parent/Guardian Signature	Date
<p>Every effort is made to accommodate your first choice. If your preferred class is full, you will be placed on a waiting list and will be contacted when a space becomes available.</p> <p>Enrollment is subject to availability. We appreciate your patience and understanding.</p> <p>Please note: You are not officially enrolled until you receive a confirmation email from the director.</p>	

Office Use Only	Sibling:	Yes	No	Class:
Date received:	Registration Fee Paid	Yes	No	Amount:
Class Requested:	Cash	Yes	No	Confirmation sent: Yes/No
	Check/Ch #	Yes	No	Date sent:
Other:				
Emergency form included: Yes/No				111523



Playful
Beginnings
Preschool

EMERGENCY TREATMENT FORM

STUDENT INFORMATION

Name of child (last)	Name of child (first)	Name of child (middle)
Address		
Social Security Number	Gender M F	Date of Birth (mm/dd/yyyy)
Parent's Name (mother/father, circle one)		
Address		
Cell phone	Home phone	Work phone
Parent's Name (mother/father, circle one)		
Address		
Cell phone	Home phone	Work phone
Emergency Contact, if parents cannot be reached. Please attempt to notify:		
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

MEDICAL INFORMATION

Allergies (medications, food, etc.)	
Medical conditions (asthma, diabetes, communicable diseases)	
Hospitalization history (include date, place, and diagnosis)	
Current medications (include name and dosage)	
Date of last DPT or Tetanus Immunization	
Family Doctor/Pediatrician	Phone
Family Dentist	Phone
Insurance Company	Preferred Hospital

I, the undersigned, have reviewed the above information and attest that it is true and accurate. In an emergency, if I am not available, the presentation of this form allows for the above-named child to receive emergency treatment at the facility he/she presents to.

Signature of Parent/Guardian	Date
Printed name of above parent/guardian:	

Both sides must be completed.

**PLAYFUL BEGINNINGS PRESCHOOL
PARENTAL AUTHORIZATION, CONSENT AND LIABILITY RELEASE FORM**

Child-first name/printed
Child-last name/printed
Parent/Guardian-first name/printed
Parent/Guardian-last name/printed

I (We) hereby authorize my (our) child _____ to receive any emergency medical or dental treatment while in the care of Mechanicsburg Presbyterian Church, Playful Beginnings Preschool program including, but not limited to, treatment at a physician's office or at the emergency department of any hospital which may be necessary given the circumstances. I (We) understand and agree that whether, and to what extent an emergency exists, will be decided by the caregiver at Mechanicsburg Presbyterian Church, Playful Beginnings Preschool program.

I (We) represent that I (we) have provided current and accurate medical, dental, and insurance information and that I (we) have notified my primary care physician, if applicable, of this Authorization and Consent. I (We) accept full responsibility and liability for all costs incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this Authorization and Consent.

Should it be necessary for my (our) child to return home due to medical reasons or for any other reason, I (we) shall assume all transportation cost.

I (We) also give permission for my (our) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Mechanicsburg Presbyterian Church, Playful Beginnings Preschool program.

I (We) hereby release, Physician's discharge and agree to hold harmless and indemnify Mechanicsburg Presbyterian Church, Playful Beginnings Preschool program, Mechanicsburg Presbyterian Church and the employees, directors, and other representatives thereof from any and all claims or demands for damages for injury, sickness, death or any other expense which may be incurred by the undersigned and child participant that may occur while said child is participating in Mechanicsburg Presbyterian Church, Playful Beginnings Preschool program. I (We) assume all risks of injury, sickness, death, damage or expense as a result of participation in recreation and work activity involved therein.

Parent/Guardian-signature (required)	Date
Parent/Guardian-signature (optional)	Date
Health Insurance Company	
Policy Number	
Primary Physician & Phone Number	
Preferred Hospital	

Both sides must be completed. Thank