

(All fields must be completed.)




PLAYFUL BEGINNINGS PRESCHOOL

Mechanicsburg Presbyterian Church
2021-2022 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 8/30. 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 8/30. 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 9/30 and 100% COMPLETELY POTTY TRAINED. (No diapers or Pull-Ups) 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 9/30 and 100% COMPLETELY POTTY TRAINED. (No diapers or Pull-Ups)		
3 days	Tuesday/Wednesday/Thursday (1 combined class, openings limited)	
4 days	Monday/Tuesday/Wednesday/Thursday	
Frog Class - Pre-K 5		
Must be age 5 by 2/28/2022 and 100% COMPLETELY POTTY TRAINED. (No diapers or Pull-Ups)		
4 days	Monday/Tuesday/Wednesday/Thursday	
<p>Every effort is made to accommodate your first choice, then your second choice, then an opening that is available. 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>We appreciate your patience and understanding.</p>		
<p>Please remit the required \$45.00 non-refundable registration fee per child or the \$55.00 non-refundable registration fee per family. Forms will not be processed without receipt of the registration fee. Checks should be made payable to MPC.</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		
Home Phone:	Cell Phone:	Work Phone:
Email Address		
2nd Parent's name mother/father – circle one		
Home Phone:	Cell Phone:	Work Phone:
Email Address		
Family Address: Street, City, Zip		
Religious Affiliation		
Employer/Occupation	1 st parent	2 nd parent
Employer address & phone number		
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. (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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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? _____

(All fields must be completed.)

Child's Name: _____

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 check ups and immunizations? Yes _____ No _____

Does your child have any allergies? Yes _____ No _____ 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.

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 or No

Does your child understand English? Yes or 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. Briefly explain what you would like your child to gain from the preschool experience.

Tuition Information

Tuition for the 2021-2022 school year:			<p>Tuition rates are per month.</p> <p>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 \$10.00 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.</p> <p>All checks should be made payable to MPC.</p>
BF-Young Toddlers	M/W or T/TH	\$147.00	
BB-Toddler Class	M/W or T/TH	\$147.00	
Owl-3 Year Olds Class	M/W or T/TH	\$147.00	
Owl-3 Year Olds Class	M/T/W/TH	\$253.00	
Fish-PreK-4	T/W/TH	\$192.00	
Fish-PreK-4	M/T/W/TH	\$253.00	
Frog-PreK-5	M/T/W/TH	\$253.00	
Tuition for September 2021 will be due on July 1, 2021			

Since the preschool is a private non-profit institution, tuition must cover all costs of the program, including staff salaries, substitute teachers, the 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 agreeing to pay the total tuition, September through May, regardless of your child's attendance. Tuition is due regardless of illness, holidays, vacation, absence or withdrawal. 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
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Office Use Only		Sibling: Y/N	Class:
Date application received:	Registration Fee Paid	Y/N	Amount:
Class Requested:	Cash	Y/N	Check Number:
	Letter Sent	Y/N	Date sent:
Other:			



**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:	

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

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	