

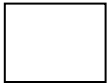


(All fields must be completed. TY)

PLAYFUL BEGINNINGS PRESCHOOL

Mechanicsburg Presbyterian Church

2026-2027 REGISTRATION



PROGRAMS OFFERED

| | | |
|--|---|-----------------------------------|
| | PLEASE NOTE THE ORDER OF YOUR PREFERENCE 1.2.3... | |
| Butterfly Class – Young Toddlers Must turn age 2 by 12/31/26 . Children do not need to be potty trained for this class but must be able to walk and feed themselves. | | |
| | 2 days | Monday and Wednesday |
| | 2 days | Tuesday and Thursday |
| Bumblebee Class - Toddlers Must be age 2½ by 9/1 . 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 potty trained. 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 potty trained. 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 potty trained. | | |
| | 4 days | Monday/Tuesday/Wednesday/Thursday |
| Please remit the required \$65.00 non-refundable registration fee per family with this form (check or cash only). Forms will not be processed without receipt of the registration fee. Checks should be made payable to MPC. | | |
| *New forms must be completed each program year. | | Thank you |

| 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? _____

Office Use: 110/DMY

| Family Contact Information | | |
|---|---|------------------------|
| 1st Parent/Guardian Name | Last, First | |
| Phone (Home/Cell) | | |
| Email Address | | |
| 2nd Parent/Guardian name | Last, First | |
| Phone (Home/Cell) | | |
| Email Address | | |
| Family Address Street, City, Zip | | |
| | 1 st parent | 2 nd parent |
| Employer/Occupation (Include occupation prior to becoming a parent.) | | |
| Religious Affiliation | | |
| School District | Mechanicsburg ~ Cumberland Valley ~ West Shore ~ Camp Hill ~ Carlisle ~ Other: (please circle one) | |

| | | | | |
|---|----------------------|-------------------------|----------------------------|-------------------------------|
| 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 |

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/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 independently 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 any specialized support services? **Yes/No**

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

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? _____

What was the reason for leaving? _____

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? _____

Do you have any concerns about his/her development? **Yes/No**

If so, please explain. _____

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 (Not including 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? _____

My Child ~ Use the remaining space to write other information that you would like to share with us that would help us understand your child better. Please explain what you would like your child to gain (goals) from the preschool experience.

Tuition Information

| Tuition for the 2026-2027 school year: | | | |
|--|-------------|----------|--|
| BF-Young Toddlers | M/W or T/TH | \$221.00 | <p style="text-align: center;">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 \$15.00 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.</p> <p>All checks should be made payable to MPC.</p> |
| BB-Toddler Class | M/W or T/TH | \$221.00 | |
| Owl-3 Year Olds Class | M/W or T/TH | \$221.00 | |
| Owl-3 Year Olds Class | M/T/W/TH | \$316.00 | |
| Fish-PreK-4 | T/W/TH | \$262.00 | |
| Fish-PreK-4 | M/T/W/TH | \$316.00 | |
| Frog-PreK-5 | M/T/W/TH | \$316.00 | |
| Tuition payment #1 will be due on July 1. | | | |

Because 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 require 45 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. Enrollment is subject to availability. We appreciate your patience and understanding.</p> <p>Please note: You are not officially enrolled until the registration fee has been paid and 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 | | | | | |

110525



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.