

**Annual Registration Fees**

**\*nonrefundable**

\$225 - 2 days/week

\$275 - 4 days/week

\$400 - Pre-K with \$50

applied to tuition due in Dec.

*\$25 discount second/additional child*

**First Presbyterian Church  
MDO and Preschool  
2021-2022 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 included)

Child's Home Phone Number: \_\_\_\_\_

**Father:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

Status of Parents:  Married  Separated  Divorced  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 - NO or YES; If Yes, complete the following...**

Food - List food(s): \_\_\_\_\_

Insect sting - List insect(s): \_\_\_\_\_

Other (list) \_\_\_\_\_

**Currently prescribed medications and treatments:**

Oral antihistamine(Benadryl, etc.)  Epi-pen  Other \_\_\_\_\_

**ASTHMA - NO or YES; If Yes, complete the following...**

Triggers:  Environmental (dust, pets, pollen, etc.) (list) \_\_\_\_\_ Other (list)

Does your child experience asthma symptoms with exercise?  No  Yes

**DIABETES - NO or YES; If Yes, complete the following...**

**Currently prescribed medications and treatments:**

Insulin:  Syringe  Pen  Pump  Blood sugar testing  Glucagon

Oral medication(s) List medication(s) \_\_\_\_\_

**SPECIAL DIET required - NO or YES; If Yes, complete the following...**

Explain: \_\_\_\_\_

**OTHER HEALTH CONDITIONS – Including but not limited to:**

**Not Applicable**

Anemia  ADD/ADHD  Cancer  Cerebral Palsy  Cystic Fibrosis  Digestive disorders

Emotional/Psychological  Juvenile Rheumatoid Arthritis  Hemophilia  Heart condition

Physical disability  **Seizure Disorder**  Skin Problems  Irregular Bowels  Bladder Problems

Other (explain) \_\_\_\_\_ **Medication(s):**  No  Yes List medication(s)

**DOES YOUR CHILD HAVE ANY EDUCATIONAL, SOCIAL, EMOTIONAL, or BEHAVIORAL CONCERNS?**

**NO or YES**

**HAS YOUR CHILD EVER BEEN EVALUATED FOR or RECEIVED ANY SPECIAL SERVICES? NO or YES**

**Speech and Language Concerns or Therapy**  **Occupational Concerns or Therapy**

**Physical Concerns or Therapy**  **Behavioral Concerns or Therapy**

**Other: (Be specific \_\_\_\_\_ ) Is your child currently receiving services? No or Yes**

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

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**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, parents' names, 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, 2021 (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): \$115 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 1<sup>st</sup> of that month. For payment received after the 5<sup>th</sup> 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.**

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**Parent/Guardian's Signature**

**(Printed Name)**

**Date**

## Operating Fees, Schedule, and Class Placement

Child's Name: \_\_\_\_\_ Sex: M or F DOB: \_\_\_\_\_

### MONTHLY TUITION

**\*\*A discount in tuition is given for multiple children in a family currently enrolled in our program.**

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2 days week - \$225

4 days week - \$375

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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 <sup>st</sup> or 2 <sup>nd</sup> )	# 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 2/21, 1/21, 12/20, 11/20, 10/20, 9/20, 8/20, 7/20)**
- \_\_\_\_\_  **Ducks: 14 - 22 months (DOB 6/20, 5/20, 4/20, 3/20, 2/20, 1/20, 12/19, 11/19, 10/19)**
- \_\_\_\_\_  **Butterflies: 23 – 29 months (DOB 9/19, 8/19, 7/19, 6/19, 5/19, 4/19, 3/19)**
- \_\_\_\_\_  **Frogs: 2.6 – 2.10 years (DOB 2/19, 1/19, 12/18, 11/18, 10/18)**
- \_\_\_\_\_  **Bees: 2.11 – 3.5 years (DOB 9/18, 8/18, 7/18, 6/18, 5/18, 4/18, 3/18)**
- \_\_\_\_\_  **Monkeys: 3.6 – 3.10 years (DOB 2/18, 1/18, 12/17, 11/17, 10/17)**  
\*Children must be potty trained in this class. Signed Addendum Required.\*
- \_\_\_\_\_  **Tigers: 4-year-old Pre-Kindergarten (Must be 4-yr old on or before 9/30/21)**  
\*Children must be potty trained in this class. Signed Addendum Required.\*  
 \*This is a 4-day a week program\*\*