

**Annual Registration Fees**  
**\*Non-refundable**  
\$400 - Pre-K with \$50  
Applied to tuition due  
in Dec.



**Pre-Kindergarten Tiger Class**  
2022-2023 Registration Forms

**Application Process: Forms are to be submitted via email or in person to the MDO Director's office (*mdo@fpabr.org*).  
After processing your application, you will be contacted regarding your child's placement and payment.**

**FAMILY INFORMATION**

**Child:**

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex:  Male  Female  
Child's Home Address (include zip code): \_\_\_\_\_  
\_\_\_\_\_

**Father:** \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Status of Parents:  Married  Separated  Divorced

**Mother:** \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
 Other (please specify): \_\_\_\_\_

**Contact Information:**

Email Address (required): \_\_\_\_\_  
Family Church Affiliation: \_\_\_\_\_  
Is child living with both parents?  NO  YES 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, we may contact:**

- 1. \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_

## HEALTH CARE AND HISTORY

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's general health is (check one):  GOOD  FAIR  POOR

List communicable diseases child has had: \_\_\_\_\_

### **Please check Yes, No or N/A for each of the following:**

**ALLERGIES:**  NO  YES If YES, complete the following:

Food (list foods): \_\_\_\_\_

Insect Stings (list insects): \_\_\_\_\_

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

Currently prescribed medications and treatments:

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

**ASTHMA:**  NO  YES If YES, complete the following:

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

Does your child experience asthma symptoms with exercise?  NO  YES

**DIABETES:**  NO  YES If YES, complete the following:

Currently prescribed medications and treatments:

Insulin:  Syringe  Pen  Pump  Blood  Sugar Testing  Glucagon

Oral Medications (list): \_\_\_\_\_

**SPECIAL DIET:**  NO  YES If YES, please 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): \_\_\_\_\_ Medications:  NO  YES If yes, list medications:

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

NO  YES

**HAS YOUR CHILD EVER BEEN EVALUATED FOR OR RECEIVED ANY SPECIAL SERVICES?**

NO  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  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.*

**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 my child's health records to the local hospital.

\_\_\_\_\_  
Parent Signature

I hereby authorize the staff of First Presbyterian Church of Baton Rouge MDO and Preschool:  
1. To care for my child during the time he or she is in MDO 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

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

Pre-K: \$395

\* 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 9 1/2 months to reflect our MDO and Preschool calendar schedule (August-May). Tuition is billed a month in advance with half a month's tuition due July 1, 2022 (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: \$120 Supply Fee (includes \$10 for Teacher Appreciation Week)

### Late Fees:

**1. Tuition** - Payment is due a month in advance and due on the 1st of that month. Payment received after the 5th of the month will incur a \$35 late fee.

**2. Late Child Pick-Up:** For late pick-up after 2 pm, a fee of \$10 will be charged for any portion of first 10-minute period overtime, in addition to \$1 per minute thereafter.

### Withdrawals:

30-day advance written notice is required for withdrawal. A "30-day" notice represents 4 weeks tuition 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 9 1/2 months of 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.**

### CLASS PLACEMENT



**Tigers: 4-year-old Pre-Kindergarten (must be 4 years old on or before 9/30/22)**

\*Children must be potty trained in this class. Initials required below.

\*This is a 4-day a week program\*\*

### Potty-Trained Requirements:

Children enrolling in the Tiger class are required to be potty-trained. Children who are potty-trained are able to communicate their need to go to the restroom and control bathroom needs until they get to the restroom. Children are able to handle bathroom needs with minimal to no assistance. We realize occasional accidents may occur.

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Parent/Guardian Signature

Printed Name

Date