

**MONROE PRESBYTERIAN PRESCHOOL**  
**142 STAGE ROAD**  
**MONROE, NEW YORK 10950**  
**845-781-7814**

**2010-2011 PRESCHOOL REGISTRATION INFORMATION**

Welcome!

Please read all information carefully, taking note of financial information and refund deadlines.

Contact the office secretary if you have any questions.

All classes are filled on a first come, first served basis.

TO REGISTER YOUR CHILD, YOU WILL NEED FOR EACH CHILD:

- Completed registration packet which includes:
  - Registration Form
  - Consent & Contact Form
  - Signed Permission Slip for class trips & Photo Release
  - Signed Tuition Information page
- Copy of Birth Certificate
- Immunization Record
- A check for the Registration fee of \$30.00 - NOT REFUNDABLE
- Security tuition – The 10<sup>th</sup> installment of the yearly tuition for June 2011 plus \$20.00 which will be returned in June 2011 if no late payments or returned checks are incurred

**ALL THE ABOVE MUST BE RECEIVED BEFORE YOUR CHILD IS CONSIDERED REGISTERED.**

2 Day AM Class	9:30 to 11:30 am	\$1,250 per year = \$125 per month.	Must be 2 by June 1 <sup>st</sup>
2 Day PM Class	12:30 to 2:30 pm	\$1,250 per year = \$125 per month.	Must be 2 by June 1 <sup>st</sup>
2 Day AM Class	9:15 to 12:15 pm	\$1,350 per year = \$135 per month.	Must be 3 by December 1 <sup>st</sup>
3 Day AM Class	9:15 to 12:15 pm	\$1,750 per year = \$175 per month.	Must be 3 by December 1 <sup>st</sup>
3 Day PM Class	12:45 to 3:45 pm	\$1,750 per year = \$175 per month.	Must be 3 by December 1 <sup>st</sup>
3 Day AM Class	9:15 to 12:15 pm	\$1,750 per year = \$175 per month.	Must be 4 by December 1 <sup>st</sup>
5 Day AM Class	9:30 to 12:30 pm	\$2,400 per year = \$240 per month.	Must be 4 by December 1 <sup>st</sup>
5 Day PM Class	12:45 to 3:45 pm	\$2,250 per year = \$225 per month.	Must be 4 by December 1 <sup>st</sup>

**WE RESERVE THE RIGHT TO CANCEL ANY CLASSES NOT MEETING MINIMUM ENROLLMENT.**

Discounts available for second child

**PLEASE NOTE: JUNE TUITION WILL NOT BE REFUNDED UNLESS WE ARE NOTIFIED IN WRITING BY AUGUST 1<sup>ST</sup> THAT YOUR CHILD WILL NOT BE ATTENDING SCHOOL IN SEPTEMBER.**

Date \_\_\_\_\_ Start Date \_\_\_\_\_ Class \_\_\_\_\_

Registration Fee \_\_\_\_\_ 10<sup>th</sup> Installment Payment \_\_\_\_\_ Security Check \_\_\_\_\_

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MONROE PRESBYTERIAN PRESCHOOL  
142 Stage Road, Monroe, New York 10950  
845-781-7814

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Email \_\_\_\_\_

Language spoken at home \_\_\_\_\_ Does your child speak English? \_\_\_\_\_

Has your child had any formal group experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, list kind of experience \_\_\_\_\_

**Does your child receive any special services, ex., speech, OT, PT? Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, please explain (be specific) \_\_\_\_\_

Does your child have corrective lenses, shoes, medication or any special needs we should be aware of?

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Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Work phone \_\_\_\_\_

Hobbies/skills willing to share with class \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Work phone \_\_\_\_\_

Hobbies/skills willing to share with class \_\_\_\_\_

Do both parents live with the child? \_\_\_\_\_

Other members of household (brothers, sisters, others)

Name                      Age      Relationship to Child

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What is your religious affiliation? Mother \_\_\_\_\_ Father \_\_\_\_\_

Childhood Diseases \_\_\_\_\_

**Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please list things to which child is allergic:**

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Doctor's Name and Telephone \_\_\_\_\_

Emergency Telephone and Transportation  
Name

Phone

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Has child complete control of urination? Yes \_\_\_ No \_\_\_

Has child complete control of BM? Yes \_\_\_ No \_\_\_

To Help Us Know Your Child Better, Please complete the following:

Child's Favorite Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite Toys: \_\_\_\_\_  
\_\_\_\_\_

Pets: \_\_\_\_\_

Favorite Family Leisure Time Activity: \_\_\_\_\_  
\_\_\_\_\_

Would you like to:

Be Class Mother? \_\_\_\_\_ Participate on trips? \_\_\_\_\_

Bake for parties? \_\_\_\_\_ Participate in class? \_\_\_\_\_

Be on Preschool Committee? \_\_\_\_\_

(These are not commitments - just a show of interest.)

How did you learn about our school?

- \_\_\_ Newspaper    \_\_\_ Letter  
\_\_\_ Friend        \_\_\_ Other \_\_\_\_\_  
\_\_\_ Poster

**CONSENT AND CONTACT FORM**

This form is to be completed and signed by the child's parent or legal guardian.

Name of child \_\_\_\_\_

In the event the child named above is injured or ill, Monroe Presbyterian Preschool will attempt to contact his/her parents or the legal guardian at the telephone number provided below.

Parent's (legal guardian's name) \_\_\_\_\_

Telephone numbers \_\_\_\_\_ on \_\_\_\_\_ (hours/days)

\_\_\_\_\_ on \_\_\_\_\_ (hours/days)

Parent's (legal guardian's name) \_\_\_\_\_

Telephone numbers \_\_\_\_\_ on \_\_\_\_\_ (hours/days)

\_\_\_\_\_ on \_\_\_\_\_ (hours/days)

In the event that no one is available, I give my permission to the Monroe Presbyterian Preschool to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to the nearest emergency medical facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**CLASS TRIPS**

**2 DAY CLASS**

All parents are **required** to come on all trips with their child. If you are unable to attend, arrangements must be made prior to trip date.

**3 DAY & 5 DAY CLASSES**

All parents must drive or arrange transportation for their child **to** and **from** all trips. Two parents will be picked randomly to chaperone with the teachers during the trip. If you cannot drive your child, arrangements **must** be made prior to the trip date.

I hereby give permission for my child \_\_\_\_\_ to attend all field trips with the Monroe Presbyterian Preschool.

Signed: \_\_\_\_\_

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**PHOTO RELEASE**

I understand that occasionally Monroe Presbyterian Preschool functions and programs are photographed for local news agencies, or our school web page. In these instances, Monroe Presbyterian Preschool has my permission to release picture of \_\_\_\_\_  
( name of child)

Signed: \_\_\_\_\_

**MONROE PRESBYTERIAN PRESCHOOL 845-781-7814**

**TUITION INFORMATION**

**REGISTRATION FEE:** \$30.00 payable upon registration. NOT REFUNDABLE. A separate \$20.00 REFUNDABLE security fee will be collected and returned in June 2011 if no late payments are incurred.

**SECURITY TUITION:** The 10<sup>th</sup> installment of the yearly tuition for June 2011 is payable upon registration. This payment **WILL NOT** be refunded unless we are notified **in writing by August 1<sup>st</sup>** that your child will not be attending in September.

**MONTHLY TUITION:** Due by the 5<sup>th</sup> of each month. Any payment received after the 15<sup>th</sup> of the month will be considered late and a \$10 late fee must be added. The monthly tuition reflects the total program tuition divided into 10 installments and, therefore, is not prorated due to holidays, snow days, vacations or cancellations. All checks are made payable to MONROE PRESBYTERIAN PRESCHOOL.

If for some reason payment of your child's tuition becomes impossible, it is necessary that you bring this immediately to the attention of the Director so special arrangements can be made. Monroe Presbyterian Preschool reserves the right to require the removal of your child from the school for non-payment of tuition fees or other appropriate cause.

**LATE CHARGE:** Any monthly payment not received by the 15th of the month shall be considered delinquent and a \$10.00 late fee will be charged.

**SERVICE CHARGE:** Any returned checks are subject to a \$30.00 service charge. If the school receives two "bad checks," we will no longer accept a check as payment. We will then accept only a money order or cash.

**REFUND:** No tuition credits or refunds will be given for days missed at school due to illness, vacation or cancellations. The preschool must have written notification if a child must take a leave of absence. His or her place in the school will be maintained only if tuition payments are continued.

**WITHDRAWAL POLICY:** If withdrawal becomes necessary during the school year, notify the school office **IN WRITING** 30 days in advance of withdrawal date to receive a refund of the June security tuition.

I have read and understand the above tuition information and withdrawal policy.

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_

(SCHOOL COPY)

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