**Memorial Preschool Classes and Fees Schedule**

**2021-2022**

**Two Year Old Class**

Tuesday, Wednesday, Thursday

9 am to 11:30 am

Monthly Tuition $135.00

Registration Fee $100.00

\*Supply Fee $30.00

**Three Year Old Class**

Tuesday, Wednesday, Thursday

9 am to 12 noon

Monthly Tuition $135.00

Registration Fee $100.00

\*Supply Fee $40.00

**Three Year Old Extended Class**

9 am to 12 noon (T & Th)

9 am to 2:00 pm (W)

Monthly Tuition $150.00

Registration Fee $100.00

\*Supply Fee $45.00

**4 Day Pre-K Morning Class**

Monday, Tuesday, Wednesday, Thursday

9 am to 12 Noon

Monthly Tuition $150.00

Registration Fee $100.00

\*Supply Fee $65.00

**5 Day Pre-K Extended Class**

Monday, Tuesday, Wednesday

Thursday, Friday

9 am to 2 pm

Monthly Tuition $200.00

Registration Fee $100.00

\*Supply Fee $70.00

\*Supply fees are paid twice during the school year. These fees are paid at the beginning of the school year by September 30, 2021 and once after Christmas Break by January 31, 2022. Registration fee of $100.00 is non-refundable and is due at time of registration. Supply fees are non-refundable.

**MEMORIAL PRESCHOOL**

**2701 POPLAR STREET**

**TERRE HAUTE, IN 47803**

**812-232-9046**

**info@memorialpreschool.org**

**CHILD'S NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Last) (First) (Middle)**

**CLASS TO BE ENROLLED:**

 **Tuesday,Wednesday,Thursday Two Year Old Class(9 to 11:30)**\_\_\_\_\_\_\_\_\_\_

 **Tuesday,Wednesday,Thursday Three Year Old Class(9 to 12)**\_\_\_\_\_\_\_\_\_

 **Tuesday(9-12),Wednesday(9 to 2),Thursday(9-12) Three Year Old Class** \_\_\_\_\_\_\_\_

 **Four Morning Pre-Kindergarten Class(9 to 12)** \_\_\_\_\_\_\_\_\_\_\_

 **Five Day Extended Pre-Kindergarten Class(9:00 to 2:00)**\_\_\_\_\_\_\_\_\_\_

**\*REGISTRATION FEE IS DUE AT TIME OF REGISTRATION AND IS NON-REFUNDABLE.**

**\*SUPPLY FEES ARE PAID TWICE A YEAR AND ARE NON-REFUNDABLE.**

**\*TUITION IS DUE BY THE 1ST OF EACH MONTH (SEPTEMBER – MAY).**

**\*A $10.00 LATE FEE WILL BE ADDED TO ANY PAYMENT RECEIVED AFTER THE 10th OF THE MONTH UNLESS ARRANGEMENTS HAVE BEEN MADE WITH THE DIRECTOR.**

**AMOUNT**\_\_\_\_\_\_\_\_\_\_\_ **CHECK#**\_\_\_\_\_\_\_\_\_\_\_\_\_  **CASH#**\_\_\_\_\_\_\_\_\_\_\_\_

**Date Received at School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMORIAL PRESCHOOL**

**ENROLLMENT FORM INFORMATION**

**CHILD'S NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Last) (First) (Middle)**

**NICKNAME OR NAME CHILD PREFERS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH (Month)**\_\_\_\_\_\_\_\_\_\_\_  **(Day)**\_\_\_\_\_\_\_\_\_\_\_ **(Year)**\_\_\_\_\_\_\_\_\_\_\_

**AGE ON AUGUST 1, 2021**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MALE**\_\_\_\_\_\_\_\_  **FEMALE**\_\_\_\_\_\_\_\_

**HOME** **PHONE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAILING**

**ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Box, Street) (City) (State) (Zip)**

**PARENTS/GUARDIANS:**

**Guardian’s NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS** (IF DIFFERENT FROM CHILD’S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OCCUPATION**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLACE OF EMPLOYMENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CELL PHONE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WORK PHONE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian’S NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS** (IF DIFFERENT FROM CHILD’S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OCCUPATION**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLACE OF EMPLOYMENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CELL PHONE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WORK PHONE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents are: \_\_Married \_\_Separated \_\_Divorced \_\_Never Married

Student lives with: \_\_Both Parents \_\_Mother \_\_Father \_\_Guardian

**OTHER PERSONS IN THE HOME**

 **Name Relationship to child Age**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please list those (besides parent/guardian) who may pick your child up from school:**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **GETTING ACQUAINTED**

**PRIOR GROUP EXPERIENCE (CHECK ALL THAT APPLY):**

**Preschool**\_\_\_\_  **Sunday School**\_\_\_\_ **Daycare**\_\_\_\_  **Play groups**\_\_\_\_

**CHURCH AFFILIATION**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAVORITE PLAY MATERIALS/TOYS:**

 **Indoors**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Outdoors**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PETS:**

 **NAME TYPE**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DOES YOUR CHILD LIKE TO BE READ TO: Yes**\_\_\_\_ **No**\_\_\_\_\_\_

**DOES YOUR CHILD LIKE TO LOOK AT BOOKS ON HIS/HER OWN: Yes\_\_\_\_ No**\_\_\_\_\_\_

**IS YOUR CHILD TOILET TRAINED: Yes**\_\_\_\_\_  **No**\_\_\_\_\_

**(Children are asked to be toilet trained or working on it for all classes except the Two’s classes)**

**WHAT TERM DO YOU USE FOR GOING TO THE TOILET?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IS YOUR CHILD RIGHT OR LEFT HANDED?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST ANY FEARS OR NERVOUS HABITS YOUR CHILD MAY HAVE OF WHICH WE SHOULD BE AWARE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ADDITIONAL INFORMATION THE TEACHER SHOULD KNOW**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HEALTH INFORMATION**

**CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTHDATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOSPITAL PREFERENCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHYSCIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIST EMERGENCY CONTACTS IF PARENTS CANNOT BE LOCATED:**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE LIST ANY ALLERGIES YOUR CHILD HAS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list maintenance medications your child takes:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IS YOUR CHILD SUBJECT TO FREQUENT:**

**COLDS\_\_\_\_\_\_ SORE THROATS\_\_\_\_\_\_ VOMITING\_\_\_\_\_\_ NOSE BLEEDS\_\_\_\_\_\_**

**EAR INFECTIONS\_\_\_\_\_\_ OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIST OPERATIONS YOUR CHILD HAS HAD: TYPE, WHEN**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any major illnesses your child has had:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANY ADDITONAL INFORMATION REGARDING YOUR CHILD’S HEALTH THAT THE TEACHER**

**SHOULD BE AWARE OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMMUNIZATION RECORDS ARE REQUIRED BY THE STATE HEALTH DEPARTMENT. Please submit shot records by first day of class.**

**Consent for Emergency Medical Attention**

**I, the undersigned Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby consent that my child may be given emergency medical help by either Memorial Preschool Staff or emergency medical personnel. I consent to be financially responsible for any medical or dental treatment given during the emergency. I understand that all effort will be given to notifying me at quickly as possible when an emergency occurs.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature Date**