

**MIDDLETOWN UNITED METHODIST PRESCHOOL
APPLICATION FOR 2012-2013 SCHOOL YEAR**

11902 Old Shelbyville Road, Louisville, KY 40243
(502) 245-8830x570 email: preschool@middletownumc.org
Website: www.middletownunitedmethodistpreschool.com

Due with application:	
Registration:	\$ 125 / \$75
1st Month's Tuition (see below)	_____
TOTAL PAID:	_____

Registration deadline is January 13, 2012. Placement is based on data submitted on this application rather than date submitted. The registration fee (\$125- 1st child/\$75-2nd child) and 1st month's tuition (see below) are both non-refundable and due with the application. Please indicate class preference by numbering only the choices acceptable to you for your child's age group. If we are not able to place your child in any of your indicated choices, your registration & tuition will be refunded. Confirmation letters will be mailed on Wednesday, Jan. 18th, - your money will not be deposited until that time. We reserve the right to consolidate or cancel a session based on enrollment. During the school year you are only responsible for the monthly tuition for 9 months.

Age cut-off is October 1st for all All teachers have a 4-year degree	1-day 2's (Th) \$80	a.m. ____	p.m. ____
	2-day 2's (MF) \$150	a.m. ____	p.m. ____
All morning sessions are 8:45-11:45	2-day 3's (TuTh) \$150	a.m. ____	p.m. ____
	3-day 3's (TuWTh) \$190	a.m. ____	p.m. ____
All afternoon sessions are 12:30-3:30	3-day 4's (MWF) \$190	a.m. ____	p.m. ____
	4-day 4's (MTuWF) \$225	a.m. ____	p.m. ____
	5-day 4's - \$255	a.m. ____	p.m. ____
	5-day 5's - \$255	a.m. ____	p.m. ____

(We will also be offering the following extended day programs: lunch bunch, gymnastics & soccer - sign ups at "Parent Orientation")

Child's full name: _____
(Last) (First) (Middle)

Name child goes by: _____ Phone Number: _____ Cell phone: _____

Address: _____
(Street) (City, State) (Zip)

E-mail address _____

Other emergency names & numbers: _____

Drs. Name & number: _____

Sex: F ____ M ____ Date of birth: Month ____ Day ____ Year ____ Language spoken at home _____
(if other than English)

Father's name: _____ Occupation _____ Phone _____

Mother's name: _____ Occupation _____ Phone _____

Marital status: _____ Church Affiliation: _____

Any pertinent medical history, speech or physical therapy, allergies, etc.? _____

Any bathroom problems? _____ (Pull-ups/pampers allowed for 2's only)

Is your child presently enrolled in our preschool for the 2011-12 school year? Yes ____ No ____

Number of years in our preschool (including 2011-12) _____

Other Siblings: Name _____ Age _____ (If attended our preschool - how many years & when?)

Are you a member of Middletown United Methodist Church? Yes ____ No ____ Number of years _____

Are you a member of Middletown United Child Development Center? Yes ____ No ____ Years _____

Please note if a parent of applicant attended Middletown United Methodist Preschool _____

Signed: _____ Date: _____ **(Please complete back)**

ADDRESS / TELEPHONE / EMAIL RELEASE FORM

I give permission to Middletown United Methodist Preschool to publish the following information in our "class list" book printed for our preschool parents only at the beginning of the school year, plus for use during other preschool related activities/communication during the school year.

Address: _____yes _____no

Telephone: # _____yes _____no

Email address: _____yes _____no

Signature of Parent/Guardian: _____ Date: _____

EMERGENCY MEDICAL CARE PERMISSION SLIP

I give permission to Middletown United Methodist Preschool, including its director, teachers, employees and assistants to make any medical or other decisions appropriate for the care and protection of my child while under their supervision.

In case of a medical emergency, I understand that my child may be transported to a medical facility by the local emergency unit for treatment and hereby authorize Middletown United Methodist Preschool to consent to any medical procedures as reasonably necessary for my child.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parents, child's physician, and/or other adult acting on the parent's behalf.

DATE: _____ CHILD'S NAME: _____

SIGNATURE: _____

PHOTO/VIDEO/WEBSITE RELEASE FORM

Please print student's Name: _____

I, _____, parent or guardian of

_____, do hereby give and grant unto Middletown United Methodist Preschool permission to use my child's name, photograph, and/or videotaped image in publications, video productions, and/or Middletown United Methodist Preschool's website. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

Signature of Parent/Guardian: _____ Date: _____