

# Middletown United Methodist Preschool & Kindergarten

## 2025-26 School Year

11902 Old Shelbyville Road, Louisville, KY 40243

502-245-8830

[preschool@middletownumc.org](mailto:preschool@middletownumc.org) - email

[www.middletownpreschool.com](http://www.middletownpreschool.com) - website

Priority Registration begins January 6<sup>th</sup> – January 12<sup>th</sup> for those families currently enrolled in our Preschool, families who have had other children attend our Preschool, Child Development Center (Day Care) families, and Middletown United Methodist Church members. Registration forms may be turned in starting January 6<sup>th</sup>.

Open registration begins on January 13<sup>th</sup> for all new families.

1. **YOUR CHILD MUST BE THE AGE OF THE CLASS YOU ARE REGISTERING FOR BY AUGUST 1, 2025. THERE ARE NO EXCEPTIONS.** (*For example, if you are registering your child for a 3 year-old class, your child must be 3 by August 1<sup>st</sup>.*)
2. The registration form must be filled out **completely or it will be returned**. A separate registration form needs to be filled out for each child. All forms in the registration packet **MUST** be turned in together.
3. If you are registering your child for a 2 year-old class, you must fill out the 2 year-old Transition Plan and turn it in with the Registration packet.
4. The non-refundable fee of \$250.00 for the first child and \$125.00 for each added child is due with the registration form(s). This money is used for curriculum materials, classroom supplies, and a book bag for each child that they will use for school. This is an annual fee that must be paid when enrolling unless you meet one of the following criteria:
  - a. If you are an active Middletown United Methodist Church member, the registration fee is waived for the first child and each added child is \$125.00.
  - b. If your child is currently enrolled in the Middletown United Methodist Child Development Center (this is the Day Care on the first floor).
5. If we are unable to place your child in any of your acceptable choices, your registration fee will be refunded.
6. All checks are to be made payable to MUMP. Please write your child's name on the memo line.
7. Confirmation emails will be sent once your registration form and fee have been received and processed.

Please contact the Preschool Office at 245-8830 or email us at [preschool@middletownumc.org](mailto:preschool@middletownumc.org) with any questions.

Blessings,  
Kristen Clark  
Executive Director

Middletown United Methodist Preschool & Kindergarten (MUMP)  
Registration Form 2025-2026

**Forms will be returned if all fields are not complete. The registration fee is due with this form.**

Completed forms can be emailed to [MUMPforms@gmail.com](mailto:MUMPforms@gmail.com)

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

This is the name that my child goes by \_\_\_\_\_. I understand that this is the name that will be listed on the class roster, in the classroom, and that my child will learn to write.

Does your child speak English? \_\_\_\_\_ If no, what language do they speak? \_\_\_\_\_

Home Address \_\_\_\_\_  
street name and house number city/state zip code

**FATHER'S INFORMATION**

**MOTHER'S INFORMATION**

Name \_\_\_\_\_ Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work# \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_ Cell# \_\_\_\_\_

Email address \_\_\_\_\_ Email address \_\_\_\_\_

Are you a member of Middletown United Methodist Church? \_\_\_\_\_ If not, do you have a church home? \_\_\_\_\_ Where? \_\_\_\_\_ Does your child attend the Day Care here? \_\_\_\_\_

Child lives with: \_\_\_\_\_ Both Parents  
\_\_\_\_\_ Single Parent (List name) \_\_\_\_\_  
\_\_\_\_\_ Other (List name) \_\_\_\_\_

**Custody Arrangement (if applicable)**

Who does not have permission to take your child from the program?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

*A copy of the court decision must be on file for MUMP **NOT** to release a child to his/her noncustodial parent.*

**Sibling Information**

Name of Sibling	Date of Birth	School and Grade in School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other members in your household \_\_\_\_\_

Any Pets \_\_\_\_\_

**DEVELOPMENTAL HISTORY** (Write N/A if it does not apply to your child.)

*\*If your child has any developmental delays or special educational needs, please contact the school office to discuss it so we can determine together if our program can meet your child's needs.*

1. Does your child have any allergies (food allergies, medications, bee stings) \_\_\_\_\_  
How does the allergy manifest itself? \_\_\_\_\_
2. Does your child have an epi-pen? \_\_\_\_\_ If yes, you will be emailed a medication packet that will need to be filled out and returned by the first day of school.
3. Does your child have any medical or special dietary restrictions? \_\_\_\_\_
4. Does your child have any physical limitations? \_\_\_\_\_
5. Any other health concerns you have about your child? \_\_\_\_\_
6. Do you have any concerns about your child's speech? \_\_\_\_\_  
\_\_\_\_\_
7. Has your child received or are they currently receiving speech therapy? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_
8. Has your child received or are they currently receiving physical therapy or occupational therapy? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_
9. Is your child currently in or has received developmental interventions (for gross motor, fine motor, cognitive issues, or emotional issues)? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_
10. Does your child have any special fears? \_\_\_\_\_
11. Does your child have any sensory issues? \_\_\_\_\_

**POTTY TRAINING**

1. Is your child independently day time potty trained? \_\_\_\_\_
2. Can your child verbalize when he/she needs to use the bathroom? \_\_\_\_\_ If so, what word(s) do they say when they need to use the bathroom? \_\_\_\_\_

**\*POTTY TRAINING POLICY\***

- Children enrolled in a 2 year-old class do not have to be potty trained.
- Children enrolled in a 3 year-old, 4 year-old, or Kindergarten class must be independently daytime potty trained and able to care for their own bathroom needs.
- If your child is enrolled in a 3 year-old class or older and is not independently daytime potty trained by the first day of school, you will need to contact the Director. You will be charged an added fee of \$25 per week to cover the cost of added staff to help with diaper/pull-up changes. Your child will have until October 1<sup>st</sup> to be independently daytime potty trained to continue in our program.

## CLASSES OFFERED

- The non-refundable Registration fee of \$250.00 for the first child and \$125.00 for each added child is due with the registration form. **YOUR CHILD MUST BE THE AGE OF THE CLASS YOU ARE REGISTERING FOR BY AUGUST 1, 2025. NO EXCEPTIONS.**
- For Middletown United Methodist Church members - If you are an active Middletown United Methodist Church member, the registration fee is waived for the first child and each added child is \$125.00.
- Child Development Center (Day Care on the first floor), there is no Registration fee. There is a 10% discount off your child's monthly tuition if they attend an afternoon preschool class. There is no discount if they attend a morning preschool class.
- STEAM Extended Day is offered Monday-Friday for children enrolled in a morning 3 year-old or 4 year-old class.
- Kindergarten Extended Day is offered Monday-Thursday with the Kindergarten teacher for children enrolled in our Kindergarten class. STEAM EXTENDED DAY is available on Fridays for Kindergartners.
- Please refer to our Handbook for more information and cost.
- We reserve the right to add, combine, or cancel a class based on enrollment.

*Please show class preference by numbering your first and second choice for your child's age group if applicable.*

AGE OF YOUR CHILD BY AUGUST 1, 2025	CLASSES AND DAYS OFFERED	TIME OFFERED	MONTHLY COST	ANNUAL COST	Number your choices
2 year-old	2 day 2 year-olds (Mon/Wed)	8:45-11:45am Morning Class	\$250	\$2,250	
3 year-old	2 day 3 year-olds (Tues/Thurs)	8:45-11:45am Morning Class	\$250	\$2,250	
3 year-old	3 day 3 year-olds (Tues/Thurs/Fri)	8:45-11:45am Morning Class	\$295	\$2,655	
3 year-old	3 day 3 year-olds (Tues/Wed/Thurs)	12:30-3:30pm Afternoon Class	\$295	\$2,655	
3 year-old	5 day 3 year-olds (Mon-Fri)	8:45-11:45am Morning Class	\$390	\$3,510	
4 year-old	3 day 4 year-olds (Mon/Wed/Fri)	8:45-11:45am Morning Class	\$295	\$2,655	
4 year-old	3 day 4 year-olds (Tues/Wed/Thurs)	12:30-3:30pm Afternoon Class	\$295	\$2,655	
4 year-old	4 day 4 year-olds (Mon/Tues/Wed/Thurs)	8:45-11:45am Morning Class	\$340	\$3,060	
4 year-old	4 day 4 year-olds (Mon/Tues/Wed/Thurs)	12:30-3:30pm Afternoon Class	\$340	\$3,060	
4 year-old	5 day 4 year-olds (Mon/Tues/Wed/Thurs/Fri)	8:45-11:45am Morning Class	\$390	\$3,510	
5 year-old	Kindergarten 5 day 5 year-olds (Mon/Tues/Wed/Thurs/Fri)	8:45-11:45am Morning Class	\$440	\$3,960	

**\*A copy of your child's current Kentucky Immunization Certificate must be turned in by the first day of school. Your pediatrician's office can fax it to 502-245-9547 to the attention of PRESCHOOL.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This field acts as an official signature.

## PAYMENT ENROLLMENT CONTRACT

1. I am responsible to pay a non-refundable Registration fee that is due with my registration form.
2. The annual tuition is divided into nine payments. I am responsible for paying tuition on or by the 1<sup>st</sup> of each month. All tuition payments made are non-refundable.
3. I am responsible to pay the first tuition payment by June 1<sup>st</sup>, 2025. The remaining eight payments are due on September 1<sup>st</sup>, October 1<sup>st</sup>, November 1<sup>st</sup>, December 1<sup>st</sup>, January 1<sup>st</sup>, February 1<sup>st</sup>, March 1<sup>st</sup>, and April 1<sup>st</sup>.
4. I will be charged a \$10.00 late fee if my monthly tuition payment is not received by the 5<sup>th</sup> of each month. If payment is not received by the 10<sup>th</sup> of the month, I will be charged a \$25.00 late fee.
5. Any returned checks that do not clear for insufficient funds or for any other reason will incur a \$25.00 fee, as well as any other bank fees associated with that transaction.
6. There are no deductions of tuition if my child misses school for illness, vacations, holidays, conference days, teacher in-service days, or days missed due to inclement weather.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This field acts as an official signature.

## AUTOMATIC DEBIT FROM YOUR ACCOUNT

For current families enrolled at MUMP and signed-up for the automatic debit monthly payment choice, you can have your registration fee debited from your account we have on file, or you can attach a check to this form.

- *I give MUMP permission to debit my account they have on file for my child's 2025-26 Registration fee of \$\_\_\_\_\_.* Parent/Guardian Initials \_\_\_\_\_

If you would like to continue using this account for your 2025-26 tuition payments beginning June 1<sup>st</sup>, please write in the new tuition amount for the 2025-26 school year and initial by it.

- *I give MUMP permission to debit my account they have on file for my child's 2025-26 monthly tuition payments of \$\_\_\_\_\_ beginning on June 1<sup>st</sup>, 2025.* Parent/Guardian Initials \_\_\_\_\_

For new families, if you would like to enroll in the automatic debit monthly payment choice, you can have your registration fee debited from your account by filling out the ACH form included in the packet. If not, you can attach a check to this form.

- *I have filled out the ACH form and give MUMP permission to debit my account for my child's 2025-26 Registration fee of \$\_\_\_\_\_.* Parent/Guardian Initials \_\_\_\_\_

If you would like to continue using this account for your 2025-26 tuition payments beginning June 1<sup>st</sup>, please write in the new tuition amount for the 2025-26 school year and initial by it.

- *I give MUMP permission to debit my account for my child's 2025-26 monthly tuition payments of \$\_\_\_\_\_ beginning on June 1<sup>st</sup>, 2025.* Parent/Guardian Initials \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This field acts as an official signature.

**EMERGENCY MEDICAL INFORMATION** *(All fields below must be filled in completely.)*

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Any Allergies? \_\_\_\_\_

On any medications? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Who should we contact in case of an emergency, and we **cannot** reach parents/guardians?

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

**Per licensing requirements, you must fill in the name, address, and phone number for doctor and hospital. These fields cannot be left blank, or your form will be returned!**

Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

**REQUIRED FIELD - \*MUST FILL IN THE NAME, ADDRESS AND PHONE NUMBER FOR YOUR DOCTOR**

Address \_\_\_\_\_  
Street City State Zip Code

Preferred Hospital \_\_\_\_\_ Phone# \_\_\_\_\_

**REQUIRED FIELD - \*MUST CHOOSE ONE HOSPITAL AND FILL IN THE NAME, ADDRESS AND PHONE NUMBER FOR THAT HOSPITAL**

Address \_\_\_\_\_  
Street City State Zip Code

Dentist's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

- I give permission to Middletown United Methodist Preschool and Kindergarten, including its director, teachers, and assistants to make any medical or other decisions right for the 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 and Kindergarten 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.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This field acts as an official signature.

# Middletown United Methodist Preschool and Kindergarten

## Release Form

Please read each statement and initial by it to acknowledge you understand and agree.

1. \_\_\_\_\_ I give permission for my child to take part in all activities while at the school.
2. \_\_\_\_\_ I give permission for my child to use all the indoor and outdoor play equipment, playgrounds, athletic fields, and sidewalks on our campus while at school.
3. \_\_\_\_\_ I absolve and release the teachers, the administration, and Middletown United Methodist Preschool and Kindergarten from any claim for personal injuries in the case of an accidental injury while at school.
4. \_\_\_\_\_ I understand it is my responsibility to inform Middletown United Methodist Preschool and Kindergarten of any changes in the health of my child that would need to be listed in their file.
5. \_\_\_\_\_ I give permission for the Executive Director, Office Manager, and/or staff to take the proper steps necessary to obtain medical care for my child. An attempt to contact the parent/guardian will be made. If we are unable to reach a parent/guardian, the child will be taken to the hospital along with a staff member. I understand any incurred cost is my responsibility.
6. \_\_\_\_\_ I give permission to Middletown United Methodist Preschool and Kindergarten to use my child's name and/or photograph for classroom usage (family posters) and class emails only.
7. \_\_\_\_\_ I give permission to Middletown United Methodist Preschool and Kindergarten to have animals/insects in the Preschool and Preschool classrooms.
8. \_\_\_\_\_ I give permission to Middletown United Methodist Preschool and Kindergarten to use my child's name, phone number, and email address in a preschool directory only.
9. \_\_\_\_\_ Middletown United Methodist Preschool and Kindergarten reserves the right to end enrollment for any student it believes has been misplaced. Misplacement is understood to include but not limited to a variety of situations among which are: behaviors inconsistent with and disruptive to the school environment, the child does not adjust to the program in a timely manner, special educational or developmental needs of the child that cannot be met appropriately by the school and the staff, or failure to follow school policies. Determination of misplacement will be made on a case by case basis, keeping in mind the welfare of the child, the student body, and the staff.
10. \_\_\_\_\_ There may be times that a pesticide will be applied in or around Middletown United Methodist Church, Preschool and Kindergarten and/or Child Development Center while school is in session or when students or others are to be in the building during the application or within twenty-four (24) hours after the application. When we receive information about when a pest control service is to take place, an email will be sent out to families with that information.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This field acts as an official signature.

# TRANSITION PLAN FOR TWO-YEAR OLDS TO THREE-YEAR OLDS

If you are enrolling your child in a two-year old class, you will need to fill out the form below and return it with your completed Registration form.

Parents,

Kentucky's Child Care Regulations state that children who are toddlers (under 36 months of age) must not be blended with older children for care. Here at MUMP, children are enrolled in a class based on what their age is on August 1<sup>st</sup>. We do not have the ability to move a child to another classroom when they have a birthday; this is the same for the children who turn four while enrolled in a three year-old class and for children who turn five while enrolled in a four year-old class. We run our preschool just like "big school" in that aspect.

It is our belief that children are more successful when they are allowed to remain in the same room with their friends as opposed to being promoted one at a time into a new classroom in the preschool setting. As the children enrolled in our Two-Year-Room (Toddlers) celebrate their third birthdays, our staff will ensure that the classroom is continuously updated so that programming and equipment is age and developmentally appropriate for each child in the group.

Instead of promoting your child to a new classroom on their third birthday – we will remain as a group for this school year. We believe this is the best setting for your child and look forward to a wonderful year. ***This group transition plan is appropriate when an entire classroom transitions from a Two -Year-Old Class (Toddlers) to a Three-Year-Old Class (Preschool).***

By signing below, you acknowledge that you understand our plan for transitioning the Two-Year-Old Room (Toddlers) to the Three-Year-Old Room (Preschool) and believe it would be the correct placement for your child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This field acts as an official signature.

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



# AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Middletown United Methodist Preschool and Kindergarten  
and/or Middletown United Methodist Child Development Center  
For the 2025-26 School Year

I/We hereby authorize Middletown United Methodist Preschool and Kindergarten, hereinafter called PRESCHOOL, to initiate debit entries to my/our Checking Account or Savings Account (circle one) indicated below at the depository financial institution named below, hereafter called BANK and to debit the same to such account for tuition payments during the 2025-26 school year. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

\*See below to locate the routing number and account number. Check number is not needed.



This authorization is to remain in full force and effect during the 2025-26 school year on the 1<sup>st</sup> of each of the following months: June, September, October, November, December, January, February, March, and April. If I/we decide to revoke this authorization before the end of the 2025-26 school year, I/we understand that this authorization will remain in full force and effect until PRESCHOOL has received written notification from me (or either of us) of its termination in such time and in such manner to afford PRESCHOOL and BANK a reasonable opportunity to act on it.

1. Child's name \_\_\_\_\_ Registration fee amount \$ \_\_\_\_\_

Monthly tuition amount \$ \_\_\_\_\_

2. Child's name \_\_\_\_\_ Registration fee amount \$ \_\_\_\_\_

Monthly tuition amount \$ \_\_\_\_\_

Please debit my account for the amounts listed above. The Registration fee is a one-time payment. Monthly tuition is debited nine times throughout the school year (as listed above).

Parent/Guardian Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

(This field acts as an official signature)

# Middletown United Methodist Preschool and Kindergarten

## CARPOOL AUTHORIZATION FORM 2025-26

*Only one form filled out per family.*

CARPOOL # \_\_\_\_\_  
*Office will fill this in*

CHILD'S NAME	CLASS <small>(2s, 3s, 4s, Kindergarten)</small>	TEACHER – <i>office will fill this in</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### APPROVED LIST OF PEOPLE OTHER THAN PARENT/GUARDIAN THAT MAY PICK UP MY CHILD(REN)

- All names listed below have my permission to pick up my child and/or children from Middletown United Methodist Preschool and Kindergarten. If someone different from the list is to pick up my child and/or children, I will notify the Preschool with a written note, email, or phone call granting permission and take responsibility to notify the other parent/guardian.

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

Each family will receive 2 carpool tags. Please write in the space below the number of additional carpool tags you will need. If you do not need any additional carpool tags, please write a 0.

\_\_\_\_\_ additional carpool tags needed

Parent's Name \_\_\_\_\_

Signature \_\_\_\_\_

(The field above acts as an official signature)

Date \_\_\_\_\_

MUMP Handbook Acknowledgement  
2025-26 School Year

I have received and reviewed Middletown United Methodist Preschool and Kindergarten's Parent Handbook. It is my responsibility to understand and familiarize myself with the Handbook and to ask center management for clarification of any policy, procedure or information contained in the Handbook that I do not understand. This handbook may be updated from time to time, and notice will be provided as updates are implemented.

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

Parent's Name \_\_\_\_\_

Signature \_\_\_\_\_

(The field above acts as an official signature)

Date \_\_\_\_\_

## MUMP 2025-26 CALENDAR

August 14	Staff's first day back to school
August 19	Student Visitation for parents and students (this will be in the morning – specific class times will be sent out )
August 20-21	First Days of School
September 1	No School - Labor Day Holiday
September 8-9	KidSight Vision Screening
September 22-23	Picture Days – check your child's monthly calendar for their day
September 24-25	No School for Children – Parent/Teacher Conferences
September 29	No School – Fall Break
October 1-3	No School – Fall Break
October 16	Gallrein Farms field trip (No School this day)
October 30-31	Trick or Treat! Classroom Parties – Parents invited
November 24-28	No School - Thanksgiving Holiday
December 4	All 3s morning and afternoon classes - Christmas Program 9:30am - Dismissal following program
December 5	All 4s morning and afternoon classes – Friendly Beasts Program 9:30am– Dismissal following program
December 5	Kindergarten Christmas Program 11:00am – Dismissal following program
December 17	2s Classes Christmas Party – Parents Invited
December 22-31	No School - Christmas Break
January 1-2	No School – Christmas Break
January 5	First day back after Christmas Break
January 19	No School – Martin Luther King, Jr. Day
February 16-17	No School for Children – Parent/Teacher Conferences
March 25-26	Easter Classroom Parties – Parents invited
March 27-31	No School – Spring Break
April 1-3	No School – Spring Break
May 1	No School – Oaks Day Holiday
May 13	Last Day of School for all 2s classes (normal class day)
May 13	All 4s morning and afternoon classes End of Year Program 9:30am Dismissal following program
May 14	All 3s morning and afternoon classes End of Year Program 9:30am - Dismissal following program
May 14	Kindergarten End of Year Program 11:00am - Dismissal following program
May 15	Last day for staff

\*Please note the dates above are subject to change. We will let you know of any date changes when/if they occur. ***Any days missed will not be made up or added to the end of the school year.***

**Middletown United Methodist Preschool and Kindergarten**  
**Vision Screening Information**

Dear Parents,

**We will be offering a free vision screening here at the Middletown United Methodist Preschool.** The KidSight Program is an eye screening program designed to catch early vision problems and correct them before they develop into a more serious condition. It's a "Kids only" free vision screening program to identify children, ages 1 through 5 with vision problems including Amblyopia, commonly known as "lazy eye".

**How is Vision Screening done?** It is as simple as having your child's picture taken. The South Oldham Lions Club volunteers use a special vision screening camera which is approximately 95% effective in detecting vision problems that can cause a decrease in vision. It takes only seconds per child, requires no preparation or medication, and is totally painless. *No eye drops are used.* The KidSight screening detects these vision problems in children:

- Nearsightedness
- Farsightedness
- Anisocoria - (*unequal pupil size*)
- Anisometropia - (*unequal refractive power*)
- Astigmatism - (*blurred vision*)
- Strabismus - (*misaligned eyes*)

**Why Do KidSight Vision Screening?** The focus is on children under 6 years old because this is the critical time for the development of their eyes and their ability to focus together to produce clear images. Young children often compensate for vision problems so well that parents, teachers, and pediatricians are unaware of a problem. By the time a child is old enough to be in primary grades, many of these common vision-robbing conditions can no longer be effectively treated. **Indicators of vision problems in children may include:**

- Attempts to brush away blurred vision
- Blinking more than usual
- Rubbing eyes frequently
- Squinting when focusing on distant objects
- Frowning excessively or tilting of the head from one side
- Stumbling over small objects
- Sensitivity to light
- Red, swollen, or encrusted eyelids
- Recurring sties in the eyes
- Inflamed or watery eyes

**If you would like to have your child's vision screened, you must complete the consent form and return it with the registration packet. We will let you know in advance the dates of the vision screening.**

If you have any questions, please call the Preschool office at 245-8830.

Blessings,  
Kristen Clark  
Executive Director



# Kentucky KidSight Consent Form

Free vision screening will be offered to your child by the local Lions Clubs in your community in conjunction with the Kentucky Lions Eye Foundation. The screening provides results to determine the presence of eye disorders including far and nearsightedness, astigmatism, strabismus (misaligned eyes), anisometropia (unequal refractive power), and media opacities (i.e. cataracts). No physical contact is made with your child and eye drops are not used. This screening is approximately 95% effective in detecting problems that can cause decrease in vision.

I, the undersigned, hereby give permission for my child to participate in the screening event. I understand the following regarding this program:

1. The information obtained from this vision screening is preliminary only and does not constitute a complete diagnosis of vision problems. This screening does not take the place of a complete eye exam.
2. If my child is referred, I will receive a Parent Packet with the results of the screening through the Kentucky KidSight Program.
3. All information is kept confidential with the Kentucky Lions Eye Foundation.
4. I will not hold either the Lions Club organizations or the Kentucky Lions Eye Foundation accountable for any errors of commission, omission, or other misdiagnosis.

**WE MUST HAVE THIS FORM FILLED OUT IF YOU WANT YOUR CHILD TO PARTICIPATE**  
**This consent form is good from August 20, 2025-May 14, 2026**



\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**(PLEASE PRINT BELOW)**

Child's Name: \_\_\_\_\_ Male  Female   
**First Middle Last**

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Age (1-5 years): \_\_\_\_\_

Parents or Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is your child currently under the care of an **Eye Doctor**? Yes  No

**\*\* FOR OFFICE USE ONLY \*\***

**RESULTS:**    \_\_\_ **PASS**                    \_\_\_ **REFER**                    \_\_\_ **CUT**