

Middletown United Methodist Preschool

2024-25 School Year

11902 Old Shelbyville Road, Louisville, KY 40243
502-245-8830

preschool@middletownumc.org - email
www.middletownpreschool.com - website

Priority Registration begins January 8th – January 15th 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 8th.

Open registration begins on January 16th for all new families.

1. **YOUR CHILD MUST BE THE AGE OF THE CLASS YOU ARE REGISTERING THEM FOR BY AUGUST 1, 2024. 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 1st.)*
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 \$225.00 for the first child and \$125.00 for each added child is due with the registration form(s). 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 out 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 with any questions.

Blessings,
Kristen Clark
Director, Middletown United Methodist Preschool

Middletown United Methodist Preschool (MUMP)
Registration Form 2024-2025

PLEASE PRINT NEATLY. 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*

Child's First Name _____ Child's Last Name _____ Date of Birth _____

What name you would like your child to be called at school? This is the name that will be posted in the classroom, they will learn to recognize and to write in school. _____

Male _____ Female _____

Does your child speak English? _____ If not, what language do they speak? _____

Home Address _____ Home Phone _____

Father's Name _____ Mother's Name _____

Employer _____ Employer _____

Work# _____ Cell# _____ Work# _____ 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 Middletown United Methodist Preschool NOT to release a child to his/her noncustodial parent.

Sibling Information

Name	Date of Birth	School & Grade in School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other members in your household _____

Any Pets _____

***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.**

CHILD'S NAME _____

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

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? _____
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 is currently receiving speech therapy? If so, please explain. _____

8. Has your child received or is 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? _____

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

POTTY TRAINING

1. Is your child 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 Junior Kindergarten class must be 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 may be assessed an added fee of \$25 per week to cover the cost of added staff to help with diaper/pull-up changing; this decision will be made by the Preschool within three weeks of your child's start date. The fee will remain in effect until your child is fully daytime potty trained as deemed by the school.

Signature of Parent/Guardian _____ Date _____

CHILD'S NAME _____

CLASSES OFFERED

- The non-refundable Registration fee of \$225.00 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 THEM FOR BY AUGUST 1, 2024. 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.
- We offer STEAM Extended Day Monday-Friday for children enrolled in a morning 3 year-old or 4 year-old class and Kindergarten Extended Day Monday-Thursday with the Kindergarten teacher for children enrolled in our Kindergarten class. 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, 2024	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	\$240	\$2,160	
3 year-old	2 day 3 year-olds (Tues/Thurs)	8:45-11:45am Morning Class	\$240	\$2,160	
3 year-old	3 day 3 year-olds (Tues/Thurs/Fri)	8:45-11:45am Morning Class	\$285	\$2,565	
3 year-old	3 day 3 year-olds (Tues/Wed/Thurs)	12:30-3:30pm Afternoon Class	\$285	\$2,565	
3 year-old	5 day 3 year-olds (Mon-Fri)	8:45-11:45am Morning Class	\$380	\$3,420	
4 year-old	3 day 4 year-olds (Mon/Wed/Fri)	8:45-11:45am Morning Class	\$285	\$2,565	
4 year-old	3 day 4 year-olds (Tues/Wed/Thurs)	12:30-3:30pm Afternoon Class	\$285	\$2,565	
4 year-old	4 day 4 year-olds (Mon/Tues/Wed/Thurs)	8:45-11:45am Morning Class	\$330	\$2,970	
4 year-old	4 day 4 year-olds (Mon/Tues/Wed/Thurs)	12:30-3:30pm Afternoon Class	\$330	\$2,970	
4 year-old	5 day 4 year-olds (Mon/Tues/Wed/Thurs/Fri)	8:45-11:45am Morning Class	\$380	\$3,420	
5 year-old	Kindergarten 5 day 5 year-olds (Mon/Tues/Wed/Thurs/Fri)	8:45-11:45am Morning Class	\$425	\$3,825	

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 1st of each month. Tuition payments made are non-refundable.
3. I am responsible to pay the first tuition payment by June 1st, 2024. The remaining eight payments are due on September 1st, October 1st, November 1st, December 1st, January 1st, February 1st, March 1st, and April 1st.
4. I will be charged a \$10.00 late fee if my monthly tuition payment is not received by the 5th of each month. If payment is not received by the 10th 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 reasons, 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 for 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 2024-25 Registration fee of \$_____.* Parent/Guardian Initials _____

If you would like to continue using this account for your 2024-25 tuition payments beginning June 1st, please write in the new tuition amount for the 2024-25 school year and initial by it.

- *I give MUMP permission to debit my account they have on file for my child's 2024-25 monthly tuition payments of \$_____ beginning on June 1st, 2024.* 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 2024-25 Registration fee of \$_____.* Parent/Guardian Initials _____

If you would like to continue using this account for your 2024-25 tuition payments beginning June 1st, please write in the new tuition amount for the 2024-25 school year and initial by it.

- *I give MUMP permission to debit my account for my child's 2024-25 monthly tuition payments of \$_____ beginning on June 1st, 2024.* 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, hospital, and dentist. If your child does not have a dentist, then list your family dentist. These fields cannot be left blank, or your form will be returned!

Doctor's Name _____ Phone# _____

***MUST FILL IN THE NAME, ADDRESS AND PHONE NUMBER FOR YOUR DOCTOR**

Address _____

Preferred Hospital _____ Phone# _____

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

Address _____

Dentist's Name _____ Phone# _____

Address _____

- I give permission to Middletown United Methodist Preschool, 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 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 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 from any claim for personal injuries in the case of an accidental injury while at school.
4. _____ I absolve and release the teachers, the administration, and Middletown United Methodist Preschool from any claim in the case that my child contracts the Covid-19 virus. I understand the staff is taking every precaution as mandated by the state of Kentucky and the Division of Regulated Child Care.
5. _____ I understand it is my responsibility to inform Middletown United Methodist Preschool of any changes in the health of my child that would need to be listed in their file.
6. _____ I give permission for the 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.
7. _____ I give permission to Middletown United Methodist Preschool to use my child's name and/or photograph for classroom usage (family posters) and class emails only.
8. _____ I give permission to Middletown United Methodist Preschool to have animals/insects in the Preschool and Preschool classrooms.
9. _____ I give permission to Middletown United Methodist Preschool to use my child's name, phone number, and email address in a preschool directory only.
10. _____ Middletown United Methodist Preschool 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, or special educational needs of the child that cannot be met appropriately by the school and the staff. 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.
11. _____ There may be times that a pesticide will be applied in or around Middletown United Methodist Church, Preschool 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 1st. 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/or Middletown United Methodist Child Development Center
For the 2024-25 School Year

I/We hereby authorize Middletown United Methodist Preschool, 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 2024-25 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 2024-25 school year on the 1st 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 2024-25 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 _____
(This field acts as an official signature)

Date _____

2024-25 MIDDLETOWN UNITED METHODIST PRESCHOOL
CARPOOL AUTHORIZATION FORM

Only one form filled out per family.

CARPOOL # _____

Office will fill this in

CHILD'S NAME

CLASS

(2s, 3s, 4s, Kindergarten)

TEACHER – office will fill this in

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. If someone different from the list is to pick up my child and/or children, I will notify the Preschool with a written note 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
2024-25 School Year

I have received and reviewed Middletown United Methodist Preschool'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 _____