

Middletown United Methodist Preschool & Kindergarten

2026-27 School Year

11902 Old Shelbyville Road, Louisville, KY 40243
502-245-8830
preschool@middletownumc.org - email
www.middletownpreschool.com - website

Priority Registration begins January 5th – January 9th 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 5th.

Open registration begins on January 12th for all new families.

1. **YOUR CHILD MUST BE THE AGE OF THE CLASS YOU ARE REGISTERING FOR BY AUGUST 1, 2026. 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 \$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 allow five days to process.

Please contact the Preschool Office at 245-8830 or email us at preschool@middletownumc.org with any questions.

Blessings,
Kristen Clark
Executive Director

Middletown United Methodist Preschool (MUMP)
Registration Form 2026-2027

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 _____ 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 rooster, 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

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 \$10 per day to cover the cost of added staff to help with diaper/pull-up changes. Your child will have until September 25th to be independently daytime potty trained to continue in our program.

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. Only choose one hospital. These fields in red CANNOT be left blank, or your form will be returned!

Doctor's Name _____ **Phone#** _____

Address _____
Street _____ City _____ State _____ Zip Code _____

Preferred Hospital _____ **Phone#** _____

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.

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, 2026. 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.
- For children enrolled in the 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 until 2:00pm for children enrolled in a morning 3 year-old or 4 year-old class. The cost is \$25 per day.
- Kindergarten Extended Day is offered Monday-Thursday until 2:00pm with our Kindergarten teacher for children enrolled in our Kindergarten class. The cost is \$25 per day. STEAM EXTENDED DAY is available on Fridays for Kindergartners.
- 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	\$275	\$2,475	
3 year-old	2 day 3 year-olds (Tues/Thurs)	8:45-11:45am Morning Class	\$275	\$2,475	
3 year-old	3 day 3 year-olds (Tues/Thurs/Fri)	8:45-11:45am Morning Class	\$320	\$2,880	
3 year-old	5 day 3 year-olds (Mon-Fri)	8:45-11:45am Morning Class	\$415	\$3,735	
4 year-old	3 day 4 year-olds (Mon/Wed/Fri)	8:45-11:45am Morning Class	\$320	\$2,880	
4 year-old	3 day 4 year-olds (Tues/Wed/Thurs)	12:30-3:30pm Afternoon Class	\$320	\$2,880	
4 year-old	4 day 4 year-olds (Mon/Tues/Wed/Thurs)	8:45-11:45am Morning Class	\$365	\$3,285	
4 year-old	4 day 4 year-olds (Mon/Tues/Wed/Thurs)	12:30-3:30pm Afternoon Class	\$365	\$3,285	
4 year-old	5 day 4 year-olds (Mon/Tues/Wed/Thurs/Fri)	8:45-11:45am Morning Class	\$415	\$3,735	
5 year-old	Kindergarten 5 day 5 year-olds (Mon/Tues/Wed/Thurs/Fri)	8:45-11:45am Morning Class	\$475	\$4,275	

***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 1st of each month. All tuition payments made are non-refundable.
3. I am responsible to pay the first tuition payment by June 1st, 2026. 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 reason will incur a \$35.00 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, days missed due to inclement weather, or for any other school closings.
7. Late pick-ups – There will be a \$2.00 charge every minute you are late picking up your child when carpool is over as deemed by the Preschool. *Pick-up time is 11:45am for the morning session, 3:30pm for the afternoon session and 2:00pm for Kindergarten Extended Day and STEAM. You are expected to be in line at the start of carpool for pick-up. (If you are not here to pick up your child when carpool is over, you will be charged from the start of the pick-up time listed above that applies to your child).*

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 2026-27 Registration fee. Parent/Guardian Initials_____*
- *I would like to continue using this account for my 2026-27 tuition payments beginning June 1st, 2026. Parent/Guardian initials_____*
- *I will be paying the registration fee and tuition payments by check. 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 2026-27 Registration fee. Parent/Guardian Initials_____*
- *I would like to continue using this account for my 2026-27 tuition payments beginning June 1st, 2026. Parent/Guardian initials_____*
- *I will be paying the registration fee and tuition payments by check. Parent/Guardian initials_____*

By signing below, I understand and agree to the Payment Enrollment Contract and payment options.

Signature of Parent/Guardian_____ Date _____

This field acts as an official signature.

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 2026-27 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 2026-27 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 2026-27 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 2026-27 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 _____

Middletown United Methodist Preschool and Kindergarten

CARPOOL AUTHORIZATION FORM

2026-27

Only one form filled out per family.

CARPOOL # _____

Office will fill this in

CHILD'S NAME

CLASS

2s, 3s, 4s, (K) 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 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 _____

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 _____

MUMP Handbook Acknowledgement 2026-27 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 _____

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)*

Last year, this vision screening identified vision issues with 7 Preschool students.

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 19, 2026-May 14, 2027



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:	<u>PASS</u>	<u>REFER</u>	<u>CUT</u>
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MUMP 2026-27 CALENDAR

(Keep for your records - add dates below to your personal calendar)

August 13	Staff's first day back to school
August 18	Student Visitation for parents and students (this will be in the morning – specific class times will be sent out)
August 19-20	First Days of School
August 21	First day of STEAM
September 7	No School - Labor Day Holiday
September 8-9	KidSight Vision Screening
September 21-22	Picture Days – check your child's monthly calendar for their day
September 23-24	No School for Children – Parent/Teacher Conferences
September 28-30	No School – Fall Break
October 1-2	No School – Fall Break
October 15	Gallrein Farms field trip (No School this day)
October 28-30	Trick or Treat! Classroom Parties – Parents invited
November 23-27	No School - Thanksgiving Holiday
December 2	2s Classes Christmas Party – Parents Invited
December 3	All 3s morning and afternoon classes - Christmas Program 9:30am - Dismissal following program
December 4	All 4s morning and afternoon classes – Friendly Beasts Program 9:30am- Dismissal following program
December 4	Kindergarten Christmas Program 11:00am – Dismissal following program
December 21-31	No School - Christmas Break
January 1	No School – Christmas Break
January 4	First day back after Christmas Break
January 18	No School – Martin Luther King, Jr. Day
February 15-16	No School for Children – Parent/Teacher Conferences
March 24-25	Easter Classroom Parties – Parents invited
March 26	No School – Good Friday
March 29-31	No School – Spring Break
April 1-2	No School – Spring Break
April 30	No School – Oaks Day Holiday
May 7	Last day of STEAM
May 10	Last Day of School for all 2s classes (normal class day)
May 11	All 3s morning classes End of Year Program 9:30am -Dismissal following program
May 11	Last day of Kindergarten Extended Day
May 12	All 4s morning and afternoon classes End of Year Program 9:30am Dismissal following program
May 12	Kindergarten End of Year Program 11:00am - Dismissal following program
May 14	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.**