



Maitland Presbyterian Preschool

Registration Form 2026-2027

Name of Child _____ Birth Date _____ Sex F _____ M _____

Nickname _____

Address _____

City _____ Zip Code _____

Father's Name _____ Father's Cell Phone _____

Mother's Name _____ Mother's Cell Phone _____

E-mail _____ Other Contact # _____

Referred by: _____

Registration/Materials Fee - \$275.00 Non-refundable (see below for VPK Only)

School Hours: 9:00 a.m. – 1:00 p.m.

- Early and After Care available. Separate enrollment is needed for this option.
- Please see page 2 of the registration form for details.

Please check the appropriate class:

Monthly Amount

Toddler program (child must be 12 months and walking)

____ 2 days	M T W TH F (circle the 2 days you want)	\$345.00
____ 3 days	M T W TH F (circle the 3 days you want)	\$455.00
____ 4 days	M T W TH F (circle the 4 days you want)	\$515.00
____ 5 days	M – F	\$572.00

2-year-old program (child must be 2 years of age by 09/01)

____ 2 days	M T W TH F (circle the 2 days you want)	\$345.00
____ 3 days	M T W TH F (circle the 3 days you want)	\$455.00
____ 4 days	M T W TH F (circle the 4 days you want)	\$515.00
____ 5 days	M – F	\$572.00

3-year-old program (child must be 3 years of age by 09/01)

____ 3 days	M T W TH F (circle the 3 days you want)	\$455.00
____ 4 days	M T W TH F (circle the 4 days you want)	\$515.00
____ 5 days	M – F	\$572.00

4-year-old program (child must be 4 years of age by 09/01)

____ VPK only	M – F	(9:00 – 12:00)	\$0.00
____ VPK Plus	M – F	(9:00-1:00)	\$200.00

VPK Only: There is no registration fee required for our VPK Only program, but space is limited for this option and must be approved by the Directors prior to registration.

Church Member discount is \$50.00 less per month and does not include VPK Plus. *Must be an active church member for at least 6 months to receive a discount.* Sibling discount is \$10 less per month for second child and additional \$15 for third. The discount is up to the discretion of the Director.

FOR OFFICE USE ONLY

Registration/Mat Fee Paid Date: _____ Amount: _____ Check #: _____

Date Enrolled: _____



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Extended Day Registration Form 2026-2027

Name of Child _____

Child's D.O.B. _____ Child's Class: _____ Toddler _____ Twos _____ Threes _____ VPK

Morning Care hours: 8:00a.m. – 9:00 a.m.

Aftercare Hours: 1:00 p.m. – 3:00 p.m.

Please check your child's current class schedule: Monthly Amount
(You must register for the same number of days your child will attend.)

Morning Care:

____ 2 day M T W TH F (circle the 2 days your child attends)	\$50.00
____ 3 day M T W TH F (circle the 3 days your child attends)	\$75.00
____ 4 day M T W TH F (circle the 4 days your child attends)	\$100.00
____ 5 day	\$126.00

Aftercare:

____ 2 day M T W TH F (circle the 2 days your child attends)	\$110.00
____ 3 day M T W TH F (circle the 3 days your child attends)	\$160.00
____ 4 day M T W TH F (circle the 4 days your child attends)	\$215.00
____ 5 day	\$265.00

Extended Day Monthly Total \$ _____

*Drop-in days are subject to availability and will be charged at a rate of \$10 per hour.
You must contact the preschool office for approval.

I agree to pay the additional extended day payment at the first of each month with my regular tuition payment. I understand that I am paying a discounted amount and credits will not be given for extended days my child does not attend.

Parent Signature: _____

Date: _____

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Registration Accepted: Date: _____ Amount: _____ Teacher: _____



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Child's Full Name _____
Preferred Name _____
Date of Birth _____ Gender _____
Address _____
City & Zip _____
Mother's Name _____
Cell phone _____
Father's Name _____
Cell Phone _____
Mother Occupation _____
Business Phone _____
Father Occupation _____
Business Phone _____
Church Affiliation _____
Toilet Trained ____ Y ____ N
Email: _____

**State Law Requires a list of those persons who are allowed to take your child from this facility.
Your child WILL NOT be released to anyone else without written authorization.**

Persons permitted to remove child:

Mother ____ Y ____ N Father ____ Y ____ N

Other persons:

Name _____	Relationship _____
Phone _____	
Name _____	Relationship _____
Phone _____	
Name _____	Relationship _____
Phone _____	
Name _____	Relationship _____
Phone _____	

Additional Names may be added at any time.



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Preschool Agreement

1. Completed medical form and parent's authorization for treatment must be submitted for each child before attendance is permitted.

Family Physician _____ Phone _____
Allergies _____

2. I grant permission for my child to participate in all activities unless otherwise indicated in writing. I also agree that in the event the school is unable to reach a parent in case of an emergency, it shall be authorized to secure medical attention as it is deemed necessary.

Signature _____
Date _____

3. I grant permission for my child to participate in all field trips with her/his class. I understand that the children will be transported by the parents in private automobiles and make use of seat belts.

Signature _____
Date _____

4. I understand that tuition is a yearly amount broken into 10 equal payments due on the 1st of each month (except for August which is due by the first day of school). I understand if payment is received after the 5th I will be assessed a \$25 late fee for that month.

Signature _____
Date _____

5. Due to the increase in vaccine-preventable childhood illnesses nationwide and in Florida, MPP requires all enrolled children to be vaccinated in accordance with our immunization policy. The only medical exemption accepted for enrollment is a temporary delayed immunization schedule for a child who has already begun the immunization schedule. A signed physician's statement documenting the delay and the anticipated vaccination dates are required. MPP does not accept religious or permanent medical exemptions.

Signature _____
Date _____



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REQUEST FOR FOOD ALLERGY INFORMATION

To ensure the safety of your child at school, we are requesting that you complete the following Food Allergy/Severe Food Allergy information.

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to MPP in order to enable MPP to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a foodborne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as any foods your child cannot eat due to culture/religion etc. Please indicate the nature of your child's allergic reaction to the food.

IF YOUR CHILD DOES NOT HAVE A FOOD ALLERGY/SEVERE FOOD ALLERGY PLEASE INDICATE "NO ALLERGY", & SIGN AND DATE THE FORM.

Food:	Nature of allergic reaction to the food
1. _____	_____
2. _____	_____
3. _____	_____

HEALTH ISSUES

1. _____
2. _____

EXTENUATING HOME/FAMILY CIRCUMSTANCES

1. _____

DEVELOPMENTAL CONCERNS

1. _____

MPP will maintain the confidentiality of the information provided above and may disclose the information to teachers or other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act.

Student Name: _____ Date of birth: _____

Age: _____

Parent/Guardian Name: _____

Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____



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Emergency Medical Care and Treatment Release Form

I hereby grant permission to Maitland Presbyterian Church/MPP Staff to take whatever steps may be necessary to obtain emergency care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician listed below.
3. Attempt to contact you through any of the persons listed on the emergency information below.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
a) call another physician or paramedics, b) call an ambulance c) have the child taken to an emergency hospital in the company of a staff member.
5. Any expense incurred under the above will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment.

Persons to contact in the event we cannot reach you:

Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

To Whom it May Concern:

I hereby give my consent to administer treatment to my child _____, in the event of an emergency if I cannot be reached. I give consent to transport by ambulance, if the situation warrants, to the nearest hospital.

Parent's Signature _____

Date: _____



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Preschool Program - Discipline Statement

Our teachers use positive techniques of guidance, including redirection, anticipating and eliminating potential problems and encouragement. They do NOT spank, deny food, or use name calling. The children are encouraged to work out their differences. The teacher will act as a facilitator.

Sometimes a child's behavior requires that the home and the school work together for the child's sake. In that case the teacher or Director will contact the parents and a means for dealing with the situation will be agreed upon.

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(Parent Signature)

(Date)



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**Child Care Facility
Brochure Statement (Chapter 402.3125, F.S.)**

On _____
(Date)

I,

(Name of Parent or Legal Guardian)

Received a copy of the Child Care Facility Brochure (see instructions below)

(Signature of Parent or Legal Guardian)

(Name of Child)

Please visit our website at www.maitlandprespreschool.org and read the Know Your Childcare Facility Brochure. The brochure can be found at <https://www.maitlandprespreschool.org/tuitionfees-forms>.



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PARENT HANDBOOK SIGNATURE PAGE

Please read the Parent Handbook located on our website at www.maitlandprespreschool.org and sign below.

We, the parent(s)/guardians of _____ have read and understand the contents of the Parent Handbook. We agree to follow the policies and procedures outlined in the Parent Handbook.

We understand that the school reserves the right to amend policies and procedures when necessary, and that we will abide by those changes. Any changes made to the Handbook will be made known to me by the school.

We acknowledge that this form is valid as long as my child is enrolled at MPP

Signature of Parent/Guardian _____

Date: _____

Signature of Parent/Guardian _____

Date: _____



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Parent Consent for Assessment

In order for our preschool to assess your child and monitor their progress in our program, we will conduct a formal evaluation of your child using a standard progress report. This report will be used at the beginning, middle and end of the year to show your child's growth in specified areas. This is a developmental checklist developed by the Department of Early Learning and Teaching Strategies Gold, which is part of our Creative Curriculum.

I, _____, hereby give Maitland Presbyterian Preschool permission to assess my child, _____ as stated above.

Parent/Guardian Signature



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Permission to Photograph

Dear Parents,

We have an MPP website and private Facebook page that features our classes and the activities in which the children participate. The site is strictly for children and their families. Here we post pictures, art projects, videos, and activities from the preschool day. MPP will never label or tag pictures of students with their names and will only post pictures with the permission of the parents. The teachers also post pictures on their Class Dojo so you can see what they are doing during the day. Please indicate below if we do or do not have permission to place your child's work and photos on our website, classroom app (Dojo) and Facebook page.

MPP has permission to place photos of my child participating in classroom activities and their work on their website, classroom app (Dojo) or Facebook page.

YES _____ Good through VPK if selected

NO _____

Child's Name _____

Parent Signature _____