

Manassas Presbyterian Church
Early Learning Center
8201 Ashton Ave
Manassas, VA 20109
703-369-5880

Please Check All That Apply: <input type="checkbox"/> MPC Member <input type="checkbox"/> Current ELC student <input type="checkbox"/> ELC Alumni Family (Year: Child(ren)'s Name(s) :	Office Use PR _____ CA _____ WP _____ HM _____ CL _____
---	---

2018 – 2019 Application for Enrollment

- Returning Student: A non-refundable \$75 registration fee is due with this application**
 New Student: A non-refundable \$100 registration fee is due with this application

Make checks payable to MPC ELC

DATE: _____

Child's Name (Last, First, Middle) _____ Date of Birth: _____

Age as of September 30, 2018: _____ years _____ months Sex: Male Female

Name you would like us to call your child and use in the classroom: _____

Indicate Program Choice: if your child is eligible for more than one program, please indicate a first and second choice.

(All classes begin at 9:10 a.m. and end at 12:00 p.m.)

_____ Parents' Morning Out: _____ 18 months (T/Th) _____ 2 yrs (T/Th, W/F or M/W/F) _____ 2 1/2 yrs (W/F or M/W/F) (Circle day(s))

_____ Preschool: _____ 2 days a week (T, TH) _____ 3 days a week (M, W, F) _____ 5 days a week (M - F)

_____ PreKindergarten: _____ 3 days a week (M, W, F) _____ 5 days a week (M - F)

_____ Junior Kindergarten: 5 days a week (M - F)

Parent/Guardian(s): _____ Who has legal custody of child: _____

Mr/Mrs/Ms: _____ Relationship to Student: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Primary Phone: _____

Place of Employment: _____ Secondary Phone: _____

E-mail: _____ Best phone # to call during school hours: _____

Language(s) spoken: _____

Mr/Mrs/Ms: _____ Relationship to Student: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Primary Phone: _____

Place of Employment: _____ Secondary Phone: _____

E-mail: _____ Best phone # to call during school hours: _____

Language(s) spoken: _____

Siblings (please list names and ages): _____

ALLERGIES: YES NO If YES, please list allergies: _____

Please circle if emergency medication will be kept at school: EpiPen Inhaler Benadryl Other _____
(ELC Allergy Action medical form must be on file prior to the start of preschool)

Please list any FOOD RESTRICTIONS: _____

Child's Name: _____

Has your child ever been evaluated for services through Child Find or privately? YES NO

If YES, were they found eligible? YES NO If Yes, please list Resource Teacher's name: _____

If YES, a **copy of their IEP is required** for our staff to best meet your child's needs. IEP Attached: YES NO

Any other specialist or therapist working with your child: _____

Other special conditions of which we should be aware: _____

Please comment on any personality traits, special needs or special interest of your child that may be helpful for class placement:

Please list any previous preschools or daycare centers attended: _____

EMERGENCY CONTACT/PICK-UP AUTHORIZATION

List the names of **at least 2 Non-Guardian Adults** who could be called in an emergency to reach you and are authorized to pick-up your child.

Name: _____ Relationship to child: _____
Primary phone #: _____ Secondary phone #: _____

Name: _____ Relationship to child: _____
Primary phone #: _____ Secondary phone #: _____

Name: _____ Relationship to child: _____
Primary phone #: _____ Secondary phone #: _____

Name: _____ Relationship to child: _____
Primary phone #: _____ Secondary phone #: _____

Person(s) specifically NOT permitted to pick-up your child: _____

PHOTOGRAPHY PERMISSION

I give ELC permission to place photos of my child participating in preschool activities:

- on the ELC WEBSITE and/or FACEBOOK PAGE. YES NO
- in NON-ELECTRONIC DISPLAYS, advertising, teaching or promotional materials. YES NO

PERMISSION FOR EMERGENCY CARE

I, _____, hereby give permission that my child, _____, may be given emergency treatment, to include first aid and CPR by the staff of MPC ELC. I further authorize and consent to medical and/or hospital care for my child by a licensed physician when deemed necessary to safeguard my child's health if I cannot be contacted. In such cases, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize MPC ELC to take my child to a hospital, and I agree that I will pay all physicians and hospital bills, and MPC ELC will not be responsible for them.

Signature of parent _____ Date: _____

The following policies are the parents' agreement with MPC ELC:

1. This form has been filled out truthfully and accurately. ELC will be provided with any changes to this information in a timely manner.
2. Written notice of withdrawal from the preschool will be submitted 30 days in advance.
3. Failure to attend for 2 weeks without payment or notifying the Director in writing will result in automatic withdrawal.
4. MPC ELC will be provided with the following records prior to my child's first day of school:
 - ◇ Birth Certificate, Passport, etc. (Original, which will be copied in office – please do not mail)
 - ◇ Virginia State Health Form completed by Physician including Immunization record
 - ◇ ELC Allergy Action Plan Medical Form, if applicable
 - ◇ Any additional Legal Documentation pertaining to your child
 - ◇ **IEP Requirements:** Children with an Individualized Education Plan (IEP) must provide a copy of this documentation to the Director at the time of registration. Your child cannot be placed in our program without this document.
5. The total tuition is based on a yearly tuition amount and not the number of days of school per month. Therefore, I agree to make 9 equal monthly installments (August, September, October, November, December, January, February, March, and April) by the 1st of each month in which the installment is due. A late fee of \$25 will be added to your account each month a payment is not received by the 7th of the month. If you wish to pay a year's tuition in one lump sum, you will be given a discount of 5%. Tuition for the month of May 2019 is due August 1, 2018, and is not refundable. If the May 2019 tuition is not paid by August 15th and classes are full, I understand that my child's spot will be forfeited. If a student enrolls after September, the first and last months' tuition payments are required at time of registration. Split payments can be arranged if necessary.
6. I agree to read and abide by the MPC ELC Parent Handbook.
7. I understand that my child must be picked up no later than 12:15pm/2:00pm (extended day). If my child is picked up late, I understand there will be a \$15 fee for every 15 minutes late.
8. Manassas Presbyterian Church Early Learning Center reserves the right to remove my child from this program for any of the following reasons:
 1. Failure to pay tuition without notifying the Director.
 2. Repeatedly bringing a sick child to school.
 3. Repeatedly bringing a snack that is not peanut-free.
 4. Continuously picking up a child late.
 5. When my child's behavior cannot be managed in the classroom and/or my child's behavior becomes a danger to other children.
 6. Failure to supply ELC with Physician's signed Health Form and original Birth Certificate.

I have read the policies stated above and agree to abide by them.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Child's Name: _____

How did you learn about the Early Learning Center? _____

FOR OFFICE USE ONLY		
Registration Fee: _____	Date: _____	Check # _____
Class _____	Date Start: _____	2018/2019