

Manassas Presbyterian Church  
Early Learning Center  
8201 Ashton Ave  
Manassas, VA 20109  
703-369-5880  
elc@mpc-va.org

Please Check All That Apply:

- MPC Member  
 Current ELC student  
 ELC Alumni Family

Office Use

CA \_\_\_\_\_  
WP \_\_\_\_\_  
HM \_\_\_\_\_  
CL \_\_\_\_\_

**2023 – 2024 APPLICATION FOR ENROLLMENT**

**Returning Student: A non-refundable \$80 registration fee is due with this application**  
(returning students must be in good financial standing and have a complete student file to re-register)

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

**Make checks payable to MPC ELC. You will receive confirmation via email.**

DATE: \_\_\_\_\_

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

Age as of September 30, 2023: \_\_\_\_\_ 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.

\_\_\_\_\_ Parents' Morning Out: \_\_\_\_\_ 2 yrs ( W / F ) \_\_\_\_\_ 2 yrs ( T / Th ) \_\_\_\_\_ 2 ½ yrs ( M, W, F ) If your child is 2 ½ years but you prefer 2 days, please select one of the 2 yr options. We group students by age to the best extent possible.

\_\_\_\_\_ Preschool (3 yrs): \_\_\_\_\_ 2 days a week ( T / TH ) \_\_\_\_\_ 3 days a week ( M/ W/ F ) \_\_\_\_\_ 5 days a week ( M - F )

\_\_\_\_\_ PreKindergarten (4 yrs): \_\_\_\_\_ 3 days a week ( M/ W/ F ) \_\_\_\_\_ 5 days a week ( M - F )

\_\_\_\_\_ Junior Kindergarten (older 4yrs/young 5's): 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: \_\_\_\_\_

**ASTHMA:**  YES  NO

Please circle if emergency medication will be kept at school: EpiPen Auvi-q 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 special needs, special requests or personality traits of your child that may be helpful for class placement:

Please list any previous preschools or daycare centers attended: \_\_\_\_\_

**EMERGENCY CONTACT/PICK-UP AUTHORIZATION (If Parent/Guardian cannot be reached)**

List the names of **at least 2 Non-Guardian Adults** who could be called in an emergency 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 (names will never be used):

- on the ELC WEBSITE and FACEBOOK PAGE.  YES  NO
- in ELC Newsletters and school slideshows.  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/Guardian \_\_\_\_\_ 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 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. (copies are acceptable)
  - ◇ 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 and we may ask to meet the child prior to placement to ensure we can meet their needs.
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 1<sup>st</sup> 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 7<sup>th</sup> of the month. If you wish to pay a year's tuition in one lump sum, you will be given a discount of 5%. This discount only applies to annual payments made in August.

Tuition for the month of May 2024 is due by August 15, 2023, and is not refundable. If the May 2024 tuition (Advanced Payment) is not paid by August 15<sup>th</sup>, I understand that my child's spot will be forfeited. If a student enrolls after September, both the first and last months' tuition payments are required at time of registration. Split payments can be arranged if necessary.

6. If you withdraw part way through the school year, your May tuition payment may be applied towards your last month's tuition. **This only applies if we receive 30 days' notice in writing.** If 30 days' notice is not given, then the May tuition payment will not be refunded. If your last day occurs in the middle of a month, your May tuition payment may be applied to your last month, however, it will not be prorated and no refund will be given.
7. I agree to read and abide by the MPC ELC Parent Handbook and any Health and Safety Policies pertaining to COVID-19.
8. I understand that my child must be picked up no later than 12:25pm/2:00pm (extended day). If my child is picked up late, I understand there will be a \$15 fee for every 15 minutes late.
9. 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 Birth Certificate.
  7. When my child is not potty trained/independent in the bathroom. (Not applicable to PMO)

These policies stated above are included on the registration form. They are included here for your reference and convenience.

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

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

Parent/Guardian email: \_\_\_\_\_  
(Please print clearly to ensure you receive email announcements and communication from the office and teachers.)

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

How did you learn about the Early Learning Center? \_\_\_\_\_

FOR OFFICE USE ONLY

Registration Fee: \_\_\_\_\_ Date: \_\_\_\_\_ Check # \_\_\_\_\_

Class \_\_\_\_\_ Date Start: \_\_\_\_\_ 2023/2024