



# New Student Registration Checklist 2021-2022

Early Registration opens for MCP & OCS siblings and OPC members on 2/1/21  
Registration opens to the community on 2/8/21 at 8:00 am

**All** of the following items must be submitted to register your child:

- Registration Form
- Financial Obligations Form
- Emergency & Medical Information (Notary available onsite)
- Shot Record & School Health Exam Form (from your Pediatrician)
- \$100 Registration Fee per child

\* Annual Materials Fee and August Tuition will be due June 1, 2021

## All **VPK/VPK+** Students Also Need:

- Orange County** VPK Certificate of Eligibility Voucher  
(Print & sign after completing online **Orange County** VPK Registration – see attached flyer)
- Scholarship Application IF requesting VPK-Funding-Only position  
\*\*All of our PreK classes are considered VPK+ because we have more hours in our calendar year than VPK covers. We charge \$125/month to cover these extra hours. We do have a limited number of VPK-funding-only positions available (\$0 tuition or fees). We still allow these children to come the extra hours as we do not want them to miss out on any instruction or activities.  
If the tuition and fees of our program make it prohibitive for you to send your child to MCP for PreK, please request a VPK-funding-only position using our Scholarship Application, available at the front desk.

## All **Kindergarten** Students Also Need:

- Birth Certificate

MCP admits children of any religion, gender, race, national or ethnic origin.



# MCP New Student Registration 2021-2022

MCP Sibling  Orangewood Church Member  OCS Sibling

Registration opens to MCP/OCS siblings and OPC members on 2/1/21  
Registration opens to the community on 2/8/21 at 8:00am

**Child must be appropriate age for class by Sept. 1**

- \_\_\_ 2-Day 2's (M/W and T/Th)    \_\_\_ 4-Day PreK (M – Th) (VPK\* and VPK+)
- \_\_\_ 2-Day 3's (M/W)    \_\_\_ Kindergarten (M – F)
- \_\_\_ 3-Day 3's (M/T/Th and M/W/Th)

\* We have a limited number of VPK-funding-only positions (\$0 tuition/fees charged) in our PreK classes. Please complete our Scholarship Application if you would like to request one of these positions for your child.

Child's Name \_\_\_\_\_ ( )  
                                    First    Middle    Last    Preferred Name

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Gender \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_

Primary Email \_\_\_\_\_    Primary Phone \_\_\_\_\_

Father's name \_\_\_\_\_    Mother's name \_\_\_\_\_

Cell Phone \_\_\_\_\_    Cell Phone \_\_\_\_\_

\*Address \_\_\_\_\_    \*Address \_\_\_\_\_  
\* If different from Child

Are you members of a local church? \_\_\_\_\_    Name of Church: \_\_\_\_\_

If there are other children in your family, please complete the following:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

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**For Office Use Only:**

Registration Fee cash \_\_\_ ck # \_\_\_ Venmo \_\_\_  
Financial Obligation form \_\_\_  
Emergency/Medical form \_\_\_ Notarized \_\_\_  
K - Birth Certificate \_\_\_

Received by: \_\_\_ Date \_\_\_  
Shot Record \_\_\_ Exp. date \_\_\_  
School Health Exam \_\_\_  
VPK paperwork \_\_\_  
VPK-only: Scholarship Application \_\_\_



Please list others who are allowed to pick up your children from MCP (in addition to parents):

Name	Relationship	Phone

Is there anyone who is NOT permitted to pick up your child? (If it is a parent, please attach legal documentation showing that they are not permitted to have custody of the child.)

\_\_\_\_\_

Please initial to authorize and give consent to MCP:

- to include my child’s photos on Brightwheel \_\_\_\_\_
- to publish photographs of my child in promotional materials for MCP \_\_\_\_\_
- to participate in the speech and language screening at MCP \_\_\_\_\_

How did you learn about MCP? \_\_\_\_\_

List any other organized early childhood program your child has attended (preschool, church nursery):

\_\_\_\_\_

List any dietary restrictions and/or allergies: \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

Has your child been evaluated for or participated in programs for any of the following (check any that apply):

\_\_\_Speech \_\_\_OT \_\_\_PT \_\_\_Hearing \_\_\_Vision \_\_\_Sensory Integration \_\_\_Other

Why did you select Maitland Community Preschool for your child?

\_\_\_\_\_  
\_\_\_\_\_

What would you like us to know about your child?

\_\_\_\_\_  
\_\_\_\_\_

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



## Financial Obligations

I understand that this contract cannot be considered complete without the registration fee (\$100.00 per student, with the exception of VPK-funding-only students).

Monthly MCP tuition is due on the 1<sup>st</sup> of the month. If tuition is not paid by the 10<sup>th</sup> of the month, a \$20 late fee will be assessed. If an account becomes 60 days delinquent, the school reserves the right to dismiss the student from school. A \$25 fee will be charged for returned checks.

I understand that in order to withdraw my child from MCP, I must give two weeks written notice and I will be responsible to pay the full tuition for the current month. If I wish to withdraw my child for a portion of the school year (1-2 months) and reserve a place for my child in their class, I must advise MCP in writing of departure and return dates, and pay 50% tuition in advance for each month. If my child does not return to MCP by the specified date, I understand that MCP will no longer guarantee that position for my child. I also understand that if I do not pay this tuition in advance, MCP is not obligated to reserve a place for my child.

Maitland Community Preschool reserves the right to refuse any application or dismiss any student, at any time, for any reason. Neither this contract nor payment of fees is considered to be binding upon Maitland Community Preschool.

**I understand that the registration and materials fees, as well as the first month's tuition payment, are all non-refundable and non-transferable. Should I withdraw my child from Maitland Community Preschool for any reason, none of these fees will be refunded and I will be responsible to pay the tuition as described above.**

**VPK families:** I understand that the State of Florida will not pay tuition after my child has missed 27 VPK school days. Therefore, beginning with my child's 28<sup>th</sup> absence, MCP will drop my child from the VPK program. If I wish for my child to continue to attend his/her class as a non-VPK student, full tuition from that point forward will be my responsibility.]

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

Please indicate preferred payment plan:

\_\_\_\_ **Monthly** Total tuition will be paid in 10 monthly payments. August tuition is due by June 1, 2021 or the date specified on the enrollment confirmation letter. Tuition for September-May is due on the 1<sup>st</sup> of each month.

\_\_\_\_ **Annually** Total tuition will be paid in one payment, with a 3% discount if paid by June 1, 2021.

Name of person responsible for payment, if anyone other than parent: \_\_\_\_\_

**My signature verifies that I have read and accept all terms of this contract.**

\_\_\_\_\_  
*Father's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mother's Signature*

\_\_\_\_\_  
*Date*

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~ *To know God and His world* ~



# Emergency and Medical Information Form

\* Parent must also provide a copy of the child’s Shot Record and School Entry Health Exam Form from the Pediatrician **before** the child may begin school at MCP.

**Child’s Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Contact Information in case of an emergency:**

Father: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

**Others permitted to pick up child in case of illness:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

**Insurance Information:**

Name of insured parent as it appears on insurance card: \_\_\_\_\_

Insurance company name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Health Information:**

Child’s doctor: \_\_\_\_\_ Doctor’s phone: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

List any physical/emotional disability, chronic illness, or significant medical history and the care, medication, or treatment required. Is this a severe or life-threatening condition? yes no

\_\_\_\_\_

List any known or suspected allergies and the care or treatment required.

\_\_\_\_\_

List medications your child regularly takes.

\_\_\_\_\_

**Authorization For Treatment** (please complete in the presence of a notary)

In the case of our unavailability, we request care for our minor child, \_\_\_\_\_, should a medical need arise. Maitland Community Preschool is authorized to perform or arrange for any treatment they consider necessary.

Parent/Guardian signature: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

who is personally known to me \_\_\_\_\_ OR produced the following identification: \_\_\_\_\_

Notary Public’s Signature: \_\_\_\_\_

Notary Seal/Stamp: