



# Registration Packet 2021/2022

(336)288-3335

mpws@mtpisgahgso.org

FOR OFFICE USE ONLY	
Date received:	_____
Reg. Amount Paid:	_____
Cash _____	Check # _____

Child's full name: \_\_\_\_\_

Child's birthday: \_\_\_\_\_ (Must be class age by 8-31-21)

Check one:  male  female

Indicate 1<sup>st</sup> and 2<sup>nd</sup> choice:

Class name	Days		
Toddlers	_____ T/Th (\$210)	_____ M/W/F (\$265)	_____ M-F (\$335)
Twos	_____ T/Th (\$210)	_____ M/W/F (\$265)	_____ M-F (\$335)
Threes	_____ T/W/TH (\$265)	_____ M-Th (\$300)	_____ M-F (\$335)
Pre-K Fours	_____ M-Th (\$300)	_____ M-F (\$335)	
Pre-K Fives*	_____ M-F (\$365)		

\*must be 5 by 11-1-21 and/or director approval

If your 1<sup>st</sup> choice is not available, your child will be placed on a waiting list. If your child is enrolled in your 2<sup>nd</sup> choice, you will have 48 hours to decline.

Parent(s) name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

This completed registration form will hold your child's place for the 2021/2022 school year. The registration fee of \$75 for 1<sup>st</sup> child (\$50 additional child) and September tuition will be due in August 2021. Checks should be made payable to Mt. Pisgah Weekday School. *You will be notified in August if you have a registration and/or a tuition credit from the 2020-2021 school year.* The registration fee is non-refundable unless your child's class does not reach minimum requirements and is cancelled or you decline to enroll in your second choice within 48 hours. Please note that teacher and class placements are based upon enrollment. **Completed enrollment packet is due as soon as possible to secure your child's spot for the 2021/2022 school year.**

By signing below, I agree to the terms listed above and verify that all information provided is accurate.

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

## Financial Responsibility Agreement

I acknowledge and agree that my child's tuition for 2021/2022 is a yearly sum will be paid to MPWS in monthly payments of \_\_\_\_\_.

Monthly tuition is due on the 1<sup>st</sup> of each month and considered late by the 7<sup>th</sup> of the month.

Children are expected to be enrolled nine months.

\_\_\_\_\_ (initial) I will notify the school office in writing four weeks prior to my child's withdrawal date if my child should need to withdraw for any reason.

Tuition accrues regardless of attendance.

A late fee of \$20.00 will be applied if the tuition is not received by the 7<sup>th</sup> of the month.

The returned check fee is \$36.00.

Checks may be made payable to *MPWS* or *Mt. Pisgah Weekday School*.

A receipt will be written for cash payments. We welcome online banking payments. If you choose this method, please note the payment is for *Mt. Pisgah Weekday School* and schedule delivery prior to the seventh of each month.

By signing below, I agree to the financial terms listed above.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Student Information Sheet for Classroom Teacher

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

Name child is called \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth \_\_\_\_\_ Age as of 9/7/21 \_\_\_\_\_

Home Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Preferred Phone# \_\_\_\_\_ Cell / Home / Work

Alternate # \_\_\_\_\_ Cell / Home / Work

Father's Name \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Preferred Phone# \_\_\_\_\_ Cell / Home / Work

Alternate # \_\_\_\_\_ Cell / Home / Work

Names and ages of sibling (s) \_\_\_\_\_

School siblings attend \_\_\_\_\_

Are you a member of Mt. Pisgah Church? YES or NO

Are you a member of a faith community? YES or NO \_\_\_\_\_

## Medical Information

**Each child must have current immunization records on file by the first day of school (9/7/21).** Please reference the Parent Handbook for our updated illness/COVID-19 policies and procedures.

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Does your child have allergies/dietary restrictions?** (bee stings, medication, food) YES or NO

If yes, please list how they are alleviated \_\_\_\_\_

\_\_\_\_\_

**Does your child take prescribed medication?** YES or NO

If yes, please list \_\_\_\_\_

\_\_\_\_\_

**Is your child under the care of a medical specialist?** YES or NO

If yes, please

describe \_\_\_\_\_

\_\_\_\_\_

**Is your child currently being evaluated/has been under the care of a therapist?** (speech, occupational educational, physical, \_\_\_\_\_) If your child has an IEP/IFSP, please attach a copy.

## Medical Consent and Liability Release

I, \_\_\_\_\_

grant permission for my child, to use all play equipment and participate in all activities of the school. I hereby relieve Mt. Pisgah Weekday School and all employees of Mt. Pisgah Weekday School from any liability or fault due to any accident or illness that may occur to said child while said child is in attendance of the Weekday School. Be it further agreed that I give any and all employees in charge on that day that my child is in attendance, permission to grant any and all medical personnel the right to treat my child for any accident or illness in the event that I, nor any emergency contacts can be reached before treatment is considered necessary. I also hereby relieve any and all employees of Mt. Pisgah Weekday School of any liability in connection with the medical treatment to my child including any expenses incurred.

Hospital Preference \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Group or Policy Number \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Authorization for Pickup

Your child will not be released to anyone not included on this form. **Please include your name, as well as anyone else who you authorize to pickup your child (other parent, guardians, grandparents, friends, neighbors, etc.).** At the beginning of school, please inform your child's teacher who the regular pickup person will be for your child.

**If your regular pickup person changes** and an authorized person will be picking up, please make a note on the sign in sheet or call the office so we will know who to expect. However, if you have not notified us of the change and someone from your authorized list comes to pickup, we will release your child to this person after verifying their picture ID without calling you first.

**If the pickup person is not on your authorized list,** call/visit the office to notify us of this addition. You will be called immediately if an unauthorized person arrives and we have not been previously notified.

**Picture ID is required at initial pickup for your child's safety.** Please limit the number of people who pickup to the individuals on this form.

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

Preferred Phone # \_\_\_\_\_ Home / Cell / Work

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

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

Preferred Phone # \_\_\_\_\_ Home / Cell / Work

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

Preferred Phone # \_\_\_\_\_ Home / Cell / Work

I, \_\_\_\_\_, authorize the individuals listed above to pickup

my child, \_\_\_\_\_ from Mt. Pisgah Weekday School.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission to Photograph: Please enter yes/no in the blank provided and sign below:**

\_\_\_\_\_ Permission to use photographs/video of my child in MPWS promotional materials. This includes  
(YES/NO) electronic newsletters, website posts, Facebook posts or printed brochures and advertisements.

**Please enter yes/no in the blank provided, fill out appropriate information, and sign below. You may link to multiple schools.**

\_\_\_\_\_ Permission to link my Harris Teeter VIC card to the Together in Education program for MPWS.  
(YES/NO)

VIC Card #: \_\_\_\_\_ OR Phone #: \_\_\_\_\_

**School Directory: Please enter yes/no in the blank provided, fill out appropriate information, and sign below:**

\_\_\_\_\_ Permission to include my information below in the MPWS Directory for 2021-2022 school year  
(YES/NO)

Parent Names: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**OPTIONAL: I am interested in volunteering in the below areas at MPWS:**

\_\_\_\_ Sub in a Classroom:

Days Available: \_\_\_\_\_

\_\_\_\_ Office Volunteer (help with Scholastic Book Orders, laminating, etc

Days Available: \_\_\_\_\_

By signing below, I certify all of the information on this page.

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