



Registration Form 2022/2023

(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 8-31-22)

Check one: male female

Indicate 1st and 2nd choice:

Class name	Days		
Toddlers*	_____ T/Th (\$230)	_____ M/W/F (\$290)	_____ M-F (\$360)
Twos	_____ T/Th (\$240)	_____ M/W/F (\$300)	_____ M-F (\$380)
Threes	_____ T/W/TH (\$300)	_____ M-Th (\$340)	_____ M-F (\$380)
Pre-K Fours	_____ M-Th (\$340)	_____ M-F (\$380)	
Pre-K Fives**	_____ M-F (\$400)		

*must be 1 by 9-6-22 and/or director approval

**must be 5 by 11-1-22 and/or director approval

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

Parents names: _____

Street address: _____

City: _____ Zip code: _____

Email address: _____

Preferred phone: _____ Alternate phone: _____

This completed registration form and registration fee will hold your child's place for the 2022/2023 school year. The registration fee is \$100 for 1st child (\$ 65 additional child). Checks should be made payable to Mt. Pisgah Weekday School. 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 and registration fee are due as soon as possible to secure your child's spot for the 2022/2023 school year.** **September 2022 tuition is due by March 24, 2022, along with completed registration packet.**

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

Parent/Guardian signature: _____ Date: _____

Financial Responsibility Agreement

I acknowledge and agree that my child's tuition for 2022/2023 is a yearly sum will be paid to MPWS in monthly payments of _____.

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

The returned check fee is \$12.00.

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 9/6/22 _____

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 (9/6/22). 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 _____

Preferred Phone # _____ Home / Cell / Work

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 2022-2023 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: _____