

MOUNT PLEASANT METHODIST CHURCH
PRESCHOOL INFORMATION SHEET
2026-2027

Child's Full Name _____ Birthdate _____

Name child goes by _____ Home Phone _____

Address _____

Street City State Zip
Mother/Guardian _____ Home Phone _____ Mobile Phone _____

Address _____

Street City State Zip
Where Employed _____ Business Phone _____

Father/Guardian _____ Home Phone _____ Mobile Phone _____

Address _____

Street City State Zip
Where Employed _____ Business Phone _____

Mother's Birthdate _____ Father's Birthdate: _____

Email: _____ Email: _____

List names of any other siblings in the home: _____

Church you currently attend: _____

Person(s) allowed to pick up my child _____

In case of emergency and I cannot be reached, please notify:

1. Name _____ Phone No. _____

Address _____ Relationship _____

2. Name _____ Phone No. _____

Address _____ Relationship _____

Any known allergies to food/medicine? (reaction) _____

My child's immunizations are up to date and I will provide a copy _____
Signature

In case of emergency and I cannot be reached, please follow instructions as listed below for (child's name) _____

Doctor's name _____ Phone No. _____

Dentist's name _____ Phone No. _____

Is your child receiving any resources such as Speech Therapy, Occupational Therapy, etc. If so, please specify: _____ <Over>

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating habits, special fears, special likes)_____

I verify all information is correct as of _____
Date Parent/Guardian Signature

Registration/Tuition Fee Agreement

Acceptance of this form and the registration fee assures your child a place in our preschool. The registration fee is non-refundable.

I have received a copy of Mt. Pleasant Preschool's fee schedule and I agree to pay the required tuition no later than the 15th of each month. I am aware that there is a \$10.00 penalty for delinquent payments per occurrence. I am also aware that there is a \$35.00 charge for any checks returned for insufficient funds.

In the event my child must be withdrawn, I will give a two week notice to the preschool.

Date _____ Signed _____
Parent or legal guardian

Emergency Treatment

In the event of an illness or accident which requires immediate treatment at a time when a parent cannot be located, I give permission for Amy Howard, Director, Mt. Pleasant Preschool, or any other preschool personnel designated by the director, to authorize such treatment. I will not hold the preschool or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

Child's name _____

Date _____ Signed _____
Parent or legal guardian

I give my permission for my child to accompany his/her class and teachers during outings on Mt. Pleasant Church property. These may include nature walks, devotions, or outside play.

I understand that I will be required to provide any transportation for off campus field trips for my child.

Date _____ Signed _____
Parent or legal guardian

I give permission for my child's picture to be used on Mt. Pleasant Preschool's Facebook page, website, news media, and any video that may be shown to the church congregation. **Please know that at no time will your child's name be mentioned.**

Date _____ Signed _____
Parent or legal guardian