

**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) \_\_\_\_\_

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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 15<sup>th</sup> 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