



Mill Grove United Methodist Church

KidZone Preschool

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2022-2023 SCHOOL YEAR - REGISTRATION FORM

Our school year begins the Tuesday after Labor Day and ends the Friday before Memorial Day. We follow Union County's traditional school year calendar from September through May. Age requirements for whole-year classroom placement reflect the North Carolina Public School system. Ages are as of August 31, 2022.

Child's Name _____ Birthdate _____
First Middle Last Month/Day/Year

Address _____
Street City State Zip

Child's Nickname _____ Gender _____

Mother's Name _____ Father's Name _____

Mother's Cell _____ Father's Cell _____

Mother's Work _____ Father's Work _____

Mother's Email _____ Father's Email _____

Emergency Contact _____ Relationship to Child _____ Cell _____

Emergency Contact _____ Relationship to Child _____ Cell _____

Emergency Contact _____ Relationship to Child _____ Cell _____

(By signing this form, you are authorizing that your child be released by Mill Grove KidZone Preschool staff to the above named persons.)

Does your family have a church home? Y N

Would you like more information about Mill Grove United Methodist Church? Y N

A 10% discount will be given to the second and third sibling.

<input type="checkbox"/> 2 years old	Please call for details	<input type="checkbox"/> 4 years old	Mon—Thurs \$265 Mon—Fri \$305
<input type="checkbox"/> 3 years old	Mon—Thurs \$265 Mon—Fri \$305	<input type="checkbox"/> TK	Mon—Fri \$320

The **Registration Fee** is non-refundable and is paid at the time of enrollment and will be the same for children in all classes: (1) child per family = **\$100**, (2) children per family = **\$175**, (3) children per family = **\$250**.

Tuition Payment and Withdrawal Policy

Full Tuition is due the first week of the month. A late fee is assessed if tuition is not received by the tenth (10th) day of the month. If a child must be withdrawn from the program, please note: 1) A thirty (30) day written notice is required prior to withdrawal; and 2) Tuition is not prorated at any time - any attendance during the month constitutes a full month's tuition.

Signature of Parent/Legal Guardian

By signing below, I do agree/approve and consent to all of the information on this registration form. I will advise MGUMC KidZone Preschool of any changes in phone or address information.

Signature

Date

FAMILY INFORMATION

Marital Status of Parents: ☐ Married ☐ Separated ☐ Divorced

If divorced, please describe custody/visitation for the child and provide any necessary court documentation: _____

Person(s) living in the home with the child (e.g. brothers, sisters, cousins, grandparents, etc.) (names, ages, and relationship to child): _____

Has your child had previous experience in preschool? (If yes, please tell us about it.) _____

What experience do you want your child to gain from preschool? _____

My child wears: ☐ Diapers ☐ Pull-ups ☐ Underwear

My child: ☐ Is currently potty training ☐ Will ask to go potty ☐ Independently uses the potty
☐ Pees in the potty ☐ Poops in the potty

My son: ☐ Sits ☐ Stands ☐ Needs help wiping
My daughter: ☐ Needs help wiping

Extra information for my child's teacher regarding diaper changes and/or potty habits: _____

My child can wash their hands: ☐ Independently ☐ Needs assistance

My child can: ☐ Feed self ☐ Use a spoon ☐ Use a fork
☐ Use a sippy cup ☐ Use a straw ☐ Use an open cup

Extra information for my child's teacher regarding feeding habits: _____

Please list any other information that you would like us to know about your child: _____

Tell us about your child's special talents, interests and/or hobbies: _____

Child's Doctor Name & Phone: _____

Child's Dentist Name & Phone: _____

Insurance: _____

Does your child have any allergies? (If yes, please explain.) _____

(If your child needs an EpiPen, one is required to be kept at school along with a completed Medical Authorization form.)

Is your child taking any regular medications? (If yes, please describe.) _____

Permission for Health Care:

I, the undersigned, do hereby verify and grant permission that in the event my child should require medical attention while in the care of Mill Grove KidZone Preschool staff during preschool hours or events, I hereby authorize KidZone Preschool staff to procure and/or provide such emergency medical attention for my child. I understand that all costs that may be incurred by such emergency medical attention will be my responsibility. I hereby release Mill Grove KidZone Preschool and its staff from any legal consequences that might result from such emergency medical attention. This authorization is valid for one year from date of signature unless Mill Grove KidZone Preschool is otherwise notified in writing.

Name and Relationship to Child

Date