**Registration Form 2024-2025 School Year**

*\*Please note Parent 1 is considered the primary contact\**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 First Middle Last

**Name to be called at school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (this will be on all nametags at school)**

**Date of Birth** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Gender**: Male Female

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent 1 Name­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 1 Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent 1 Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 1 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent 2 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 2 Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent 2 Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 2 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MQP Parishioner:** Yes No

**Include Parent 1 contact information (name, email, phone number) in my child’s class directory** Yes No

**\*\*ALLERGIES\*\*** My child is allergic to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Class Selection –Please circle the one you’d like to enroll your son/daughter\*\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2’s Parent & Me ClassOtters *\*\*$100 registration fee\*\** |  | **Must be 2 by** **August 31, 2024** | Fridays 9:30-11:30pm | $110/month |
| 3’s Class- *NO Lunch Bunch*Bears*\*\*$200 registration fee\*\** |  | **Must be 3 by** **August 31, 2024**\*\*Must be Potty trained\*\* | Mon/Wed/Fri9:30-12:30pm | $375/month |
| 3’s Class with Lunch Bunch*Bears**\*\*$200 registration fee\*\** |  | **Must be 3 by** **August 31, 2024**\*\*Must be Potty trained\*\* | Mon/Wed/Fri9:30-1:15pm | $415/month |
| Pre-K Classes with Lunch Bunch*Foxes & Owls**\*\*$200 registration fee\*\** |  | **Must be 4 by** **August 31, 2024** | Mon/Tues/Wed/Thurs9:30-1:15pm | $485/month |
| Fun Friday Class with Lunch Bunch*\*\*No add’l registration fee\*\** |  | **Must be enrolled in** **Pre-K at JDP** | Fridays9:30-1:15pm | $175/month |

**Registration Agreement with Joyful Discovery Preschool 2024/2025**

|  |  |
| --- | --- |
| **Registration Fee** | The registration fee is to be paid at the time of registration to hold your spot. If you are enrolling in Fun Friday, there is no additional fee as you must be enrolled in JDP Pre-K to register. **This registration fee is non-refundable**. (3’s & Pre-K Classes $200 per student, 2’s Class $100 per student) |
| **Tuition** | Tuition is due the 1st day of each month. Each month’s tuition is to be paid one month in advance, with the exception of September & June tuition which are due June 1st, 2024. Your first recurring payment will begin on September 1st and be set for 8 payments. The last payment will be on April 1, 2025 as we pay one month in advance so that covers May, and your June payment will have been pre-paid in June of 2024. A late fee will apply after the 10th of each month.  |
| **Withdrawal During the School Year** | The school must be given 30 days’ notice prior to withdrawal of a student. Tuition for the withdrawing student is due for the 30-day period following written notice of withdrawal.  |

**I have read the above policies and agree to comply with the terms as stated.**

Signed Date

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tell us about your child!**

We value the uniqueness of each child, foster a love of learning, and seek to instill an awareness of being loved by God. A copy of this section will be given to your child’s teachers to help them get to know your child better. **Please answer all questions**.

Please list all known allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requires physician’s care Yes ❒ No ❒ Requires medication on site Yes ❒ No ❒

Names & ages of other children in family

Child’s specific dislikes or fears

Child’s favorite activities, toys and/or books\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other languages spoken at home

Children **must be toilet trained** in order to enter all classes (with the exception of Toddler 2’s). Does your child take total responsibility for his/her toilet needs?

Yes ❒ No ❒ If no, please explain

My child has participated in the following programs (preschool, MOPS, gymnastics, etc)

 *Please list:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child receives outside services (speech, occupational, behavioral, physical therapy) Yes ❒ No ❒

 *Please list type of therapy and frequency:*

**Please check the option that most applies to your child**

My child warms up quickly to new people ❒ OR My child takes time to get to know new people ❒

My child is generally quiet ❒ OR My child is generally verbal ❒

My child shares easily ❒ OR My child is learning to share ❒

My child solves problems verbally ❒ OR My child is learning to use words to solve problems ❒

My child transitions easily ❒ OR My child is learning to transition ❒

**My child enjoys (please check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Crafts and Projects |  | Singing/Music |  |
| Imaginative Play |  | Puzzles/Blocks |  |
| Writing/Drawing/Coloring |  | Playing with Toys |  |
| Books/Being Read to |  | Playing with Friends |  |
| Playing Outside |  | Sensory Experiences |  |

Any additional information that would help us to better understand and work with your child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_