**Registration Form – 2023/2024 School Year**

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

First Middle Last

**Name to be called at school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Gender**: M / F

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

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

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

**Parent 1 Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 2 Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent 1 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 2 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MQP Parishioner** Yes No **Home Church** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Catholic Inactive Catholic Other

**Please include my contact information in the school directory to be distributed to all families** Yes No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Toddler Time 2’s w/Parent  *Otters* |  | **Must be 2 by**  **August 31, 2023** | Fridays  9:30am-11:30am | $100/month |

**Registration Agreement with Joyful Discovery Preschool 2023/2024**

|  |  |
| --- | --- |
| **Enrollment Fee** | An enrollment fee of **$50** per preschool student is to be paid at the time of registration. **This fee is non-refundable.** |
| **Tuition** | Tuition is due the 1st day of each month starting on August 1, 2023. Each month’s tuition is to be paid one month in advance. The last payment for the year will be on May 1, 2024. Discounts: 10% off for MQP families, 15% off for younger siblings attending preschool during the same year. |
| **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, with the amount due to be determined by the school. |

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

Signed Date

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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:

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

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