



**Messiah's Children Preschool**  
534 W. Iowa Ave.  
Nampa, Id 83686  
(208) 465-4511  
MessiahLive.com  
E-mail—  
mcpreschool@messiahnampa.com



Dear Parent,

Thank you for your interest in Messiah's Children Preschool. We hope the enclosed information will aid you in choosing a preschool for your child.

In this packet you will find an application, a medical form, financial statement, and the preschool handbook. The fee schedule is found in the back of the handbook. Class dates and times are subject to change based on enrollment. Below is a checklist of our registration requirements. **All forms must be included with your application.**

### Registration Requirements

- Three (3) years old for the 3 year old class -OR- Four (4) years old for the 4 year old class before Sept. 1st of the enrolling year
- As a parent, have you verified: "Is Your Child Ready for Preschool" as described in the handbook?
- Read and agree with the preschool handbook
- Application/Enrollment Forms
- Medical Form
- Financial Agreement
- Copy of Immunization Record
- Copy of the original, state/government Birth Certificate
- Application fee of \$25.00 (non-refundable)

Your application will be processed and you will be notified in a timely manner.

In Christ,  
Messiah's Children Preschool



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For Office Use Only		
Initials _____	Date Rec'd _____	Time _____
Financial Agree. _____	Birth Cert. _____	Immun. _____
Recorded _____	Accept. Letter Sent-Date _____	
Treas. _____	App. Fee _____	Class List _____

## Application/Enrollment Form for 2019/2020

- \_\_\_\_\_ **3 yr old (before Sept. 1st)** Mon./Wed. 9:00 –11:30 AM
- \_\_\_\_\_ **3 yr old (before Sept. 1st)** Tues./Thur. 9:00 –11:30 AM
- \_\_\_\_\_ **4 yr old (before Sept. 1st)** Mon./Wed. 9:00 AM - 12:00 PM
- \_\_\_\_\_ **4 yr old (before Sept. 1st)** Tues./Thur. 9:00 AM - 12:00 PM

**We DO NOT offer waivers for immunizations, therefore, all students enrolled at Messiah's Children MUST provide proof of immunizations.**

### About Your Child      Child's t-shirt size **2/4**      **5/6**      **7/8**      or \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Name student prefers \_\_\_\_\_  
 First                      Middle                      Last

Date of Birth \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
 Street                      City                      State                      Zip

Main Contact Email Address \_\_\_\_\_

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Place of Baptism/Church \_\_\_\_\_

Previous School Experience \_\_\_\_\_

Custodial issues we should be aware of \_\_\_\_\_

### About the Family

Parental Status: (Circle all that apply) Married      Separated      Divorced      Single Parent  
 Father Remarried      Mother Remarried      Father Deceased      Mother Deceased

**Mother/Guardian Name** \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Text? Y or N

Employed by \_\_\_\_\_ Work Phone \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Text? Y or N

Employed by \_\_\_\_\_ Work Phone \_\_\_\_\_

### Other Children in Family

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

### Transportation Authorization

Your child will be allowed to leave **ONLY** with a parent/guardian or those listed below.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

### Miscellaneous

Any church background? Y N If so, what? \_\_\_\_\_

Current Church Affiliation: Name of Church \_\_\_\_\_  
\_\_\_\_ Member Name of Pastor \_\_\_\_\_  
\_\_\_\_ Attend Regularly  
\_\_\_\_ Attend Occasionally  
\_\_\_\_ Not a member of a church

Special Situation in the family we should be aware of (new baby, recent move, death in family, etc.)  
\_\_\_\_\_

How did you hear about Messiah's Children Preschool? (Circle)

Messiah member Past student/sibling Reader Board Website Flyer/Door Hanger

Phone book yellow pages Referral \_\_\_\_\_

Other \_\_\_\_\_

***We, as parent(s)/guardian(s) of the student applicant, verify that this information is true and accurate.***

#### **YOUR SIGNING OF THIS APPLICATION INDICATES YOUR AGREEMENT TO THE FOLLOWING:**

- I/we understand this application cannot be processed without the application fee, copy of immunization record, and copy of the birth certificate.
- I/we understand that all children accepted are subject to a 30 day trial basis.
- I/we understand that parents must attend the scheduled parent/teacher meetings.
- I/we understand that I/we may be asked to withdraw my child from school if tuition becomes past due.
- I/we understand that my child's photo image may be used for advertising purposes.
- I/we have read, understand, and agree to the policies in Messiah's Children Preschool handbook.
- I/we agree to comply with school policies as set forth by Messiah's Children Preschool and presented in the Preschool handbook.
- I/we agree to give my child permission to take part in all school activities.
- I/we agree to pick up my child from school upon request in case of illness, discipline or bathroom issues.

**To validate this application, the signatures of parents or legal guardian must appear below:**

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Messiah's Children Preschool

## Financial Agreement 2019-2020

### Tuition & Fee Schedule:

Three Year Old Program	
Application Fee	\$25.00
Annual Tuition	\$1,035.00
Annual Tuition (Paid by September 1st for 10% discount.)	\$931.50
Monthly Tuition (Due the first day of each month.)	\$115.00

Four Year Old Program	
Application Fee	\$25.00
Annual Tuition	\$1,215.00
Annual Tuition (Paid by September 1st for 10% discount.)	\$1,093.50
Monthly Tuition (Due the first day of each month.)	\$135.00

Name of Person financially responsible for student \_\_\_\_\_

Address (if other than student) \_\_\_\_\_  
Street City State Zip Phone #

Payment plan Desired: \_\_\_\_\_ full payment ( 10% discount if paid BY September 1st)

\_\_\_\_\_ monthly payments (1st & last months due Sept. 1st)

Messiah's Children Preschool does not wish to turn away any student due to tuition issues. Parents are encouraged to communicate in writing, if problems or difficulties arise with this financial agreement. All inquires will be considered.

All Tuition policies outlined on the back of this page are stated in Messiah's Children Preschool Handbook.

We have read the stated Tuition Policies and agree to them.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party/Parent Signature

\_\_\_\_\_  
Responsible Party/Parent Signature



# Messiah's Children Preschool

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## Medical Form

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any of the following conditions:

- Allergies? Y N  
\_\_\_\_ Food Please list: \_\_\_\_\_  
\_\_\_\_ Medications Please list: \_\_\_\_\_  
\_\_\_\_ Bee Sting Please list: \_\_\_\_\_  
\_\_\_\_ Animals Please list: \_\_\_\_\_
- Dietary regulations? Y N Please list: \_\_\_\_\_
- Asthma? Please list allergens: \_\_\_\_\_
- Prescribed Medication (such as EpiPen or rescue inhaler) to treat conditions listed above?  
Y N  
If so, you are required to provide the Preschool with a written protocol created by your child's doctor describing appropriate treatment for conditions listed above.

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**In the event of an emergency, who can we notify other than the parents? (Are they on your transportation list? Y N)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Is there any additional medical or physical information you would like to disclose about your child?

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

I certify this information is correct to the best of my knowledge.

In the event of an emergency, Messiah's Children Preschool has my permission to administer first aid or obtain emergency medical treatment in my child's best interest. I also agree to pay all expenses incurred due to an emergency involving my child.

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_