



Messiah's Children Preschool
534 W. Iowa Ave.
Nampa, Id 83686
(208) 465-4511
MessiahNampa.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 2021/2022

- _____ **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 2021-2022

Tuition & Fee Schedule:

Three Year Old Program	
Application Fee	\$25.00
Annual Tuition	\$1,035.00
Monthly Tuition (Due the first day of each month.)	\$115.00
Early Bird Tuition (Enrolled before June 1st, paid before September 1st for 5% discount.)	\$983.25

Four Year Old Program	
Application Fee	\$25.00
Annual Tuition	\$1,260.00
Monthly Tuition (Due the first day of each month.)	\$140.00
Early Bird Tuition (Enrolled before June 1st, paid before September 1st for 5% discount.)	\$1,197.00

Name of Person financially responsible for student _____

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

Chosen payment plan:
 full payment
 monthly payments (1st & last months due Sept. 1st)
 Early Bird discount (Enrolled before June 1st, paid before 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



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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 _____