

Messiah's Children Preschool 1312 S Edgewater Cir. (physical) 534 W. Iowa Ave. (mailing) 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

Messiah's Children Preschool 1312 S. Edgewater Cir (physica 534 W. Iowa Avenue (mailing) Nampa, Id 83686 208-465-4511 MessiahNampa.com E-mail - mcpreschool@messiahnampa.cor Application/Enrollme 3 yr old (before Sept. 1st) Messiah's Tues./Thur. 9:00 – 3 yr old (before Sept. 1st)	Financial Agree. Birth Cert. Immun. Recorded Accept. Letter Sent-Date Treas. App. Fee Class List nt Form for 2023/2024 1:30 AM Request to be in the same class as:					
4 yr old (before Sept. 1st) Mon./Wed. 9:00 Al	I - 12:00 PM (We cannot guarantee this request but will try to honor it if possible)					
4 yr old (before Sept. 1st) Tues./Thur. 9:00 A	M - 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 c	nild's t-shirt size 2/4 5/6 7/8 or					
Student's Full Name	Last					
Date of Birth Boy Girl	Home Phone					
AddressStreet C	ty State Zip					
Main Contact Email Address						
Baptized: Yes No Date	Place of Baptism/Church					
Previous School Experience						
Custodial issues we should be aware of						
Parental Status: (Circle all that apply) Married	he Family Separated Divorced Single Parent ed Father Deceased Mother Deceased					
Mother/Guardian Name	Address					
Home Phone Cell Phone						
	Text? Y or N					
Home Phone Cell Phone	Text? Y or N Work Phone					
Home Phone Cell Phone Employed by	Text? Y or N Work Phone Address					
Home PhoneCell Phone Employed by Father/Guardian Name	Text? Y or N Work Phone AddressText? Y or N					
Home Phone Cell Phone Employed by	Text? Y or N Work Phone AddressText? Y or N					
Home Phone Cell Phone Employed by	Text? Y or N Work Phone Address Text? Y or N Work Phone Iren in Family					

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

			archiguardian of those listed below.				
1.	Name	Phone	Relationship				
2.	Name	Phone	Relationship				
2	Nama		Deletienskie				
3.	Name	Phone	Relationship				
		Miscellaneous	S				
An	Any church background? Y N If so, what?						
Cu	rrent Church Affiliation:	Name of Church					
	Member						
	Attend Regularly						
	Attend Occasionally						
	Not a member of a chur	ch					
Sn	ecial Situation in the family we s	bould be aware of (new ba	by, recent move, death in family, etc.)				
Οp							
Me Ph Otl	one book yellow pages Refer her	/sibling Reader Board	Website Flyer/Door Hanger	te.			
	YOUR SIGNING OF THIS APP	PLICATION INDICATES Y	OUR 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:							
Pa	rent or Legal Guardian Signature	e	Date				

Parent or Legal Guardian Signature_____ Date_____



Messiah's Children Preschool

Financial Agreement 2023-2024

Tuition & Fee Schedule:

Application Fee Annual Tuition Monthly Tuition (Due Early Bird Tuition (Enrolled before June 1s		f each mon [.]	th.)	\$25.00 \$1,125.00 \$125.00 \$1,068.75	
Application Fee Annual Tuition	Four Year C	-		\$25.00 \$1,350.00	
Monthly Tuition (Due Early Bird Tuition (Enrolled before June 1s	,		·	\$150.00 \$1,282.50	
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 or <u>Preschool Handbook</u> .	n the back of t	nis page are	e stated in <u>Messia</u>	<u>ah's Children</u>	
We have read the stated Tui	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		
Doesy	your child have any of	the following conditi	ons:		
•	Medications Bee Sting	Please list: Please list: Please list:			
•	Dietary regulations?	Y N Please list	:		
•	Asthma?	Please list allergen	s:		
• Pr	y N If so, you are require	ed to provide the Pre	scue inhaler) to treat conditi eschool with a written protoc for conditions listed above.		
Physic	ian		Phone		
Dentis	st		Phone		
In the transp	e event of an emerge portation list? Y N	ncy, who can we no)	tify other than the parents	? (Are they on your	
Name_			Phone		
Name_			Phone		
Is the 	re any additional medi	cal or physical infor	mation you would like to discl	ose about your child?	
I cert	ify this information is	correct to the best	of my knowledge.		
or obt	e event of an emerger tain emergency medic red due to an emerger	al treatment in my o	child's best interest. I also	ssion to administer first aid agree to pay all expenses	
Fathe	r/Guardian	Date	Mother/Guardian	Date	