

Messiah's Children Preschool Application/Schedule/Tuition for 2024/2025



To enroll in our 3-year-old program, a child must be 3 as of September 1, 2024. To enroll in our 4-year-old program, a child must be 4 as of September 1, 2024.

For the 3-year-old and 4-year-old Programs:

- Annual Registration Fee: \$75.00 **This non-refundable fee must accompany application.** (Includes application & supply fee)
- If the monthly payment plan is chosen, the 1st and last month's tuition must be paid by Sept. 1st.
- If the annual payment plan is chosen, a 5% discount is offered. Full payment must be paid by Sept. 1st.
- If paying the Snack Fee vs. supplying snacks, the fee is \$25 for half day or \$50 for full day program.

Please indicate schedule preference.

Please indicate tuition payment preference. (Monthly or Annual)

		Program:		Monthly		Annual
(X)	Time	4 year olds by Sept. 1st	(X)	Tuition	(X)	Tuition
				\$175 month		\$1,496.25 with 5% discount
	9:00-12:00	Half Day Mon/Wed		Sept - May		(\$1,575 Annual)
				\$300 month		\$2,565 with 5% discount
	9:00-3:30	Full Day Mon/Wed		Sept - May		(\$2,700 Annual)
				\$250 month		\$2,137.50 with 5% discount
	9:00-12:00	Half Day Mon/Wed/Fri		Sept - May		(\$2,250 Annual)
				\$350 month		\$2,992.50 with 5% discount
	9:00-3:30	Full Day Mon/Wed & 1/2 day Fri		Sept - May		(\$3,150 Annual)
				\$175 month		\$1,496.25 with 5% discount
	9:00-12:00	Half Day Tues/Thurs		Sept - May		(\$1,575 Annual)
		Program:		Monthly		Annual
(X)	Time	3 year olds by Sept. 1st	(X)	Tuition	(X)	Tuition
				\$150 month		\$1,282.50 with 5% discount
	9:00-11:30	Half Day Mon/Wed		Sept - May		(\$1,350 Annual)
				\$300 month		\$2,565 with 5% discount
	9:00-3:30	Full Day Mon/Wed		Sept - May		(\$2,700 Annual)
				\$150 month		\$1,282.50 with 5% discount
	9:00-11:30	Half Day Tues/Thurs		Sept - May		(\$1,350 Annual)

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

Request to be in	the same class as	:		(W	e cannot gua	rantee this re	equest but will try to honor it if possible)	
Abou	ıt Your Child	Chile	l's t-shirt size	2/4	5/6	7/8	or	
Student's Full Na	ame First	Middle	Last	1	Name st	udent p	orefers	
Date of Birth		Boy	Girl					

AddressStreet	City	State	Zip
	,		•
Baptized: Yes No Date	e Place	of Baptism/Church	
Previous School Experience			-
Custodial issues we should be awa	re of		
Primary Contact Name		the Family tionship to student	
Cell Phone	Text? Y or N		
Secondary Contact Name	Re	lationship to student	
Cell Phone	Text? Y or N		
		ldren in Family	
Name		-	
		•	
Name	Date of Birth	Relationship	
Name	Date of Birth	Relationship	
NameYour child will be allo	Transportat	Relationship ion Authorization with a parent/guardian or	
	Transportat wed to leave ONLY	ion Authorization	those lis
Your child will be allo	Transportat wed to leave ONLY	tion Authorization We with a parent/guardian or	those lis
Your child will be allo	Transportatewed to leave ONLY Phone	tion Authorization We with a parent/guardian or	those lis
Your child will be allo 1. Name 2. Name	Transportatewed to leave ONLY Phone Phone Phone	tion Authorization With a parent/guardian or Relationship Relationship	those list
Your child will be allo	Transportatewed to leave ONLY Phone Phone Phone	tion Authorization Ywith a parent/guardian or Relationship	those list
Your child will be allo 1. Name 2. Name	Transportatewed to leave ONLY Phone Phone Phone	tion Authorization With a parent/guardian or Relationship Relationship	those list
Your child will be allo 1. Name 2. Name	Transportate wed to leave ONLY Phone Phone Phone Misc	cion Authorization Y with a parent/guardian or Relationship Relationship Relationship	those list
Your child will be allo 1. Name 2. Name 3. Name	Transportate wed to leave ONLY Phone Phone Phone Misc	tion Authorization With a parent/guardian or Relationship Relationship Relationship Cellaneous	those lis
Your child will be allo 1. Name 2. Name 3. Name Any church background? Y N	Transportate wed to leave ONLY Phone Phone Phone Misc If so, what? Name of Churc	cion Authorization Y with a parent/guardian or Relationship Relationship Relationship Cellaneous	those lis
Your child will be allo 1. Name 2. Name 3. Name Any church background? Y N Current Church Affiliation:	Transportate wed to leave ONLY Phone Phone Phone Misc If so, what? Name of Churc	cion Authorization Y with a parent/guardian or Relationship Relationship Relationship Cellaneous	those list
Your child will be allo 1. Name 2. Name 3. Name Any church background? Y N Current Church Affiliation: Member	Transportate wed to leave ONLY Phone Phone Phone Misc If so, what? Name of Churc	cion Authorization Y with a parent/guardian or Relationship Relationship Relationship Cellaneous	those list

How did you hear abo	out Messiah's Children F	Preschool? (Circ	le)			
Messiah member	Past student/sibling	Reader Board	Website	Social Media		
Flyer/Door Hanger	Internet Search	Referral	Othe	r		
YOUR SIGNING I understand I understand I understand I understand I understand I have read, u I agree to com presented in the lagree to give I agree to pick As a parent/guardia	this application cannot a record, and copy of the that parents must atten that I/we may be asked that my child's photo im nderstand, and agree to apply with school policies the Preschool handbook my child permission to a up my child from school mof the student applications.	be processed with the birth certificate of the scheduled put to withdraw my mage may be used the policies in Mage as set forth by Mage. The policies in all so take part in all so of upon request in the policies in the policies in the policies in Mage.	hout the registration of the control	TO THE FOLLOWING: If fee, copy of sings. Equition becomes past due. Hooses. Heschool handbook. Heschool and It ipline or bathroom issues.		
Parent or Legal Guard	dian Signature		Date			
FINANCIAL AGREEMENT Name of Person financially responsible for student Address (if other than student)						
	Street	City	State Zip	Phone #		
Messiah's Children Pr	th a 5% discount reschool does not wish t unicate in writing, if pro	to turn away any	student due to tuitio	n issues. Parents are		
All Tuition policies ou	utlined on the back of th	is page are stated	d in <u>Messiah's Childr</u>	en Preschool Handbook.		
I have read the stated	l Tuition Policies and ag	ree with them.				
Student's Name			Date			
Responsible Party/Pa	arent Signature	-				



Messiah's Children Preschool

1312 S. Edgewater Cir., Nampa, ID 83686 208-465-4511

Medical Form

Child's Name	Phone
Medications Bee Sting	he following conditions: Please list: Please list: Please list: Please list:
Dietary regulations?Asthma?	Y N Please list:
Y N If yes, you are child's doctor describ	n (such as EpiPen or rescue inhaler) to treat conditions listed above? required to provide the Preschool with a written protocol created by your ing appropriate treatment for conditions listed above. Phone
-	
	Phone
In the event of an emergen transportation list? Y N)	cy, who can we notify other than the parents? (Are they on your
Name	Phone
Name	Phone
Is there any additional medic	cal or physical information you would like to disclose about your child?
I certify this information is co	orrect to the best of my knowledge.
	, Messiah's Children Preschool has my permission to administer first aid or eatment in my child's best interest. I also agree to pay all expenses incurred ng my child.
Parent/Guardian	 Date