



Messiah's Children Preschool Application/Schedule/Tuition for 2025/2026



To enroll in our 3-year-old program, a child must be 3 as of September 1, 2025.
To enroll in our 4-year-old program, a child must be 4 as of September 1, 2025.

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.

Please indicate schedule preference.

Please indicate tuition payment preference. (Monthly or Annual)

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

(X)	Time	Program: 3 year olds by Sept. 1st	(X)	Monthly Tuition	(X)	Annual Tuition
	9:00-11:30	Half Day Mon/Wed		\$150 month Sept - May		\$1,282.50 with 5% discount (\$1,350 Annual)
	9:00-3:30	Full Day Mon/Wed		\$300 month Sept - May		\$2,565 with 5% discount (\$2,700 Annual)
	9:00-11:30	Half Day Tues/Thurs		\$150 month Sept - May		\$1,282.50 with 5% discount (\$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: _____ (We cannot guarantee this request but will try to honor it if possible)

About Your Child Child's t-shirt size YXS YS YM or _____

Student's Full Name _____ Name student prefers _____
First Middle Last

Date of Birth _____ Boy _____ Girl _____

Address _____
Street City State Zip

Baptized: Yes ___ No ___ Date _____ Place of Baptism/Church _____

Previous School Experience _____

Custodial issues we should be aware of _____

About the Family

Primary Contact Name _____ Relationship to student _____

Cell Phone _____ Text? Y or N E-mail: _____

Secondary Contact Name _____ Relationship to student _____

Cell Phone _____ Text? Y or N

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 Social Media
Flyer/Door Hanger Internet Search Referral _____ Other _____

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

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

As a parent/guardian of the student applicant, I verify that this information is true and accurate.

Parent or Legal Guardian Signature _____ Date _____

FINANCIAL AGREEMENT

Name of Person financially responsible for student _____

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

Chosen payment plan:
_____ full payment with a 5% discount _____ 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 inquiries will be considered.

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

I have read the stated Tuition Policies and agree with them.

Student's Name Date

Responsible Party/Parent Signature



Messiah's Children Preschool

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

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 yes, 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.

Parent/Guardian

Date