**Muir’s Chapel Christian Playschool**

**336-299-1913**



January 30, 2024

Dear MCCP Playschool families:

It is hard to believe that it is registration time again! With little children it can be difficult to know what you are doing next week, let alone next FALL. We do, however, need to go ahead and set up our classes so that we are appropriately staffed and budgeted.

Please understand that we would like for everyone to get their first choice of days, however, sometimes there is more demand than availability. We will do our best to accommodate as many schedules as possible. If you have questions regarding our registration policies, please check with the office. You are guaranteed the number of days you had this year. It is definitely a first come/first serve basis with current families given priority until February 7 when we open up to the public.

Attached is our registration form. Each child will need their own registration form. Please do not put two children on the same form. Please be sure to complete the form, attach the non-refundable registration fee (unless you MOVE OUT OF THE COUNTY reg fee is not refunded), and your signed tuition agreement and return it to the Playschool office. The Kids4God registration form is also attached should you need that program. **VACCINATION RECORDS ARE REQUIRED YEARLY.**

Registration fees help to cover the cost of program supplies, snacks and other expenses it takes to run a playschool. We try and keep our registration fees and tuition reasonable and in line with other area preschools. Your registration form is not considered complete without the fee attached to the form. Please do NOT combine your registration fee with your tuition payment as this confuses the bookkeeping.

Our registration fees are as follows:

One day = $50

Two days = $75

Three days = $100

Four days = $125

5 days = $150

Our daily rates are $22 per day for 3-5 days and $23 per day for 1-2 days.

It is exciting to plan for another year of your little one’s growth. If you have questions, please stop by the office. Thank you for choosing MCCP!

Blessings---

Kim Hastings ☺

**MUIR’S CHAPEL CHRISTIAN PLAYSCHOOL**

**School Year Registration 2021-2022**

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s current age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle the days you are interested in attending**

**MON TUES WED THURS FRI**

**Please circle your second choice**

**MON TUES WED THURS FRI**

**4-5-6 Grow (Pre-K) must register for at least 3 days**

Persons Permitted to Pick up:

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

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

\*\*\***WE MUST HAVE A CURRENT IMMUNIZATION RECORDS**

Office Use Only:

Scheduled days assigned: M T W Th F

Classroom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forms completed: pick up immunization/health family info. Tuition agreement

Confirmation letter sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Form for Kids4God Programming

FALL 2021-2022

Offered by Muir’s Chapel UMC’s Children’s Ministry

LIMITED SPOTS – First Come/First Serve

# Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person’s permitted to pick up-include phone number:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please select the programming you are interested in:**

**Morning Programming – Moments with Music (7:45-9)**

**M T W Th F**

**Afternoon Programming – Moments with Music**

**M T W Th F**

**Pick up time: 2pm 3pm**

**Known Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use Only: Days assigned**

**Mornings: M T W Th F**

**Afternoons: M T W Th F**

**Date/Time received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**