

MT. ZION UNITED METHODIST CO-OP PRESCHOOL

[www.mtzioncoop.com](http://www.mtzioncoop.com) (217) 864-4813

*Internal Use Only* : Date Received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_

Dear Preschool Parent:

We have put together this short letter to answer some common questions that you may have regarding this registration packet. If you have any other questions or concerns, please do not hesitate to contact the church at 217-864-4813.

Our co-op was designed for parents and families who would like to take an active role in their child's education. In return for being an integral part of our program, our tuition is lower than the other preschools in our area.

In order to reserve a spot at the Co-op, there is a non-refundable \$50.00 registration fee. This fee includes your child's school supplies fee and the cost of **ONE** background check. Each person that will be involved in the classroom or with volunteering is required to submit to a background check. Should you have multiple persons in your family wanting a role in the co-op, an additional \$5 fee will be required for each background check. The \$50 registration fee should be paid when you turn in your completed registration packet. Registrations are then accepted on a first come-first served basis only. Deadline for background check is due by October 1 of the school year.

Registration forms should be completed and returned to the church office to hold your spot. Forms may be turned in without the health forms being completed. However, your child's health form **MUST** be submitted within **4 weeks of the first day of school**. The exam must have been completed no earlier than a year (365 days) prior to the start of attendance. We will also need a copy of your child's original birth certificate within **4 weeks of the first day of school**.

Jobs are assigned in July and you will be notified via mail of your position.

Your first tuition payment is due on the first day class is in session. It will include your first month's full tuition (A total of \$90.00 for the 4's class and \$75 for the 3's class).

Prior to the start of school, you will be informed of the date and time of the Parent Orientation Meeting in August. This meeting is mandatory and will answer many of your specific questions. If you would like to visit the classroom or meet the teacher, please call the office to schedule an appointment. A copy of the preschool's by-laws is available on request. If you would like a physical copy, please call the church and allow 48 hours before picking up your copy. Copies will not be mailed.

Respectfully,

Mt. Zion United Methodist Co-op Preschool Board

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Please return this completed form with \$50.00 Registration fee to: Mt. Zion United Methodist Co-op Preschool.

Please indicate the class for which you are applying: 3's \_\_\_\_\_ 4's \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthplace: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Employer: \_\_\_\_\_

Address [if different from above]: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

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

**Father's Name:** \_\_\_\_\_ Employer: \_\_\_\_\_

Address [if different from above]: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

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

**EMERGENCY CARE INFORMATION**

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Preferred Hospital/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Two (2) persons to be notified in case of emergency if parents/guardian are not available:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**PLEASE RETURN THIS FORM WITH REGISTRATION**

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**PARENT LEADER POSITION**

In years past, we have had parents take on board positions. This is now being handled by church members. However, we still have a need for a 3's Parent Leader and a 4's Parent Leader. Please check below if you have any interest in being the leader. This will be chosen before the start of school. You can only be a leader of the class your child is attending. Should you have 2 children (1 in the 3's and 1 in the 4's) you can only be leader of 1 class. Description of position is below.

3'S \_\_\_\_\_

4'S \_\_\_\_\_

**Parent Leader** – The parent leader is responsible for planning monthly “play dates”, assisting in scheduling field trips for the teacher. Attends board meetings when requested by the board. Will also help hand out packets at the August meeting.

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**CHILD'S NAME** \_\_\_\_\_

Our preschool was designed and instituted in 1977 to serve the families of Mt. Zion are with the opportunity for their children to have an enriching experience with other children in a loving, non-threatening, actively involved atmosphere. Parents and children interact and learn together through playing, respecting others and sharing and caring for property. Our curriculum is Bible-based and non-denominational. Each student will be prepared for a smooth transition from the home environment to kindergarten while striving to achieve his/her own unique creativity and potential.

Our preschool is governed by our own Co-op board. The preschool board provides a leadership role in conjunction with the teacher in handling the operation of the preschool.

The children must be age 3 or 4 by September 1<sup>st</sup> to be enrolled in their respective class.

The 3's meet Monday and Tuesday, 9:00 – 11:30 a.m. Tuition is \$75.00 per month.

The 4's meet Wednesday, Thursday, and Friday, 9:00 – 11:30 a.m. Tuition is \$90.00 per month.

The parents must agree to help with our school in several ways.

They are scheduled as snack helper on a rotating basis.

They are available when needed to drive on field trips.

They attend parent meetings if/when called.

They complete the required health forms before the start of school.

They keep their ill child at home and stay home themselves if they are ill and notify the teacher of this absence.

They advise the teacher in writing when someone other than themselves will be picking up their child.

If you decide to enroll your child in our Co-op, please sign and date that you agree to the above and return along with the completed registration and fee.

Thank you!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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3's Class \_\_\_\_\_ 4's Class \_\_\_\_\_

**STUDENT PROFILE**

*PLEASE ANSWER THE QUESTIONS BELOW TO HELP OUR TEACHER BECOME BETTER ACQUATINED WITH YOUR CHILD AND HIS/HER NEEDS. THANK YOU.*

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

My child is afraid of \_\_\_\_\_

My child's favorite activity is \_\_\_\_\_

My child's birth order in the family is \_\_\_\_\_

My child is \_\_\_\_\_ right handed \_\_\_\_\_ left handed \_\_\_\_\_ not a dominant hand yet

Has your child had any experience with scissors or cutting? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child had any experiences with group situations, such as preschool, playgroups, church, etc?

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List any pre-existing medical conditions and if your child is on daily medication we need to be aware of.

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List any food-related allergies or food problems.

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Please relate any questions or concerns you have about your child.

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What goals do you have for your child this year?

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