

MT. ZION UNITED METHODIST CO-OP PRESCHOOL

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 order to reserve a spot at the Co-op, there is a non-refundable \$60.00 registration fee. This fee includes **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 (this would include anything that involves entering the building), an additional \$10 fee will be required for each background check. The \$60 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. The deadline for background checks is the first day 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**.

Your first tuition payment is due on the first day class is in session. It will include your first month's full tuition.

3 Days (Monday, Tuesday, Wednesday) - \$135/Monthly

5 Days - \$185/Monthly

If you have more than one child enrolled in the preschool, we will cap tuition at \$200/Monthly

Prior to the start of school, you will be informed of the date and time of the Open House.

Respectfully,

Mt. Zion United Methodist Co-op Preschool Board

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Please return this completed form with \$60.00 Registration fee to: Mt. Zion United Methodist Co-op Preschool.

Please indicate the class for which you are applying: 3 Days _____ 5 Days _____

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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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 students must be age 3 by September 1st to be enrolled.

Class Meets:

3 Days – Monday, Tuesday, Wednesday – 9:00 am – 11:30 am – Tuition \$135/Monthly

5 Days – Monday-Friday – 9:30 am - 11:30 am – Tuition \$185/Monthly

***Tuition cap of \$200 if one or more children are enrolled in preschool program at one time.**

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

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Printed Name

3 Days _____

5 Days _____

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?

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

List any food-related allergies or food problems.

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

What goals do you have for your child this year?

PLEASE RETURN THIS FORM WITH REGISTRATION