

Directions for completing form.

1. **Download document**
2. If you are using an Apple product to open this document, the macro-enable form will not work properly. Please print and fill out form. If you have the capability to scan the document, then scan the completed forms and email to mandy@portermemorial.net If you do not send your completed forms your child will not have been registered or enrolled your child. If you are unable to scan, please send the forms to the church office at 4300 Nicholasville Road, Lexington, 40515. You have the option to drop off the completed forms to the church office at the above address.
3. PC users. You should be able to fill-in and complete the forms directly from your DOWNLOADED document. Once you have completed all pages. **SAVE!** After saving has completed, email the completed form to mandy@portermemorial.net You may send the forms to the church office at 4300 Nicholasville Road, Lexington, 40515. You have the option to drop off the completed forms to the church office at the above address.



2022-2023 Porter Memorial Weekday Preschool Registration

Child Name:

2-year-old Preschool (2 days) Ratio: 2/10

Days: Mon/Wed

Time: 9:00 – 12:00

Age Requirement: Must turn 2 before August 1

Potty training is not required

3-year-old Preschool (2 days) Ratio: 2/12

Choose Mon/Wed or Tues/Thur

Time: 9:00 – 12:00

Age Requirement: Must turn 3 before August 1

and be completely potty trained

4-year-old Preschool (3 days) Ratio: 2/14

Days: Mon/Wed/Fri

Time: 9:00 – 12:00

Age Requirement: Must turn 4 before August 1

4-year-old Preschool (5 days) Ratio: 2/14

Days: Mon thru Fri

Time: 9:00 – 12:00

Age Requirement: Must turn 4 before August 1

Also recommended for young fives that are not ready for kindergarten

Lunch Bunch After-School Program

Time: 12:00 – 2:00

Requirement: Enrolled preschooler

Days: Mon thru Fri

Fees:

Non-refundable deposit fee	\$100
Non-refundable registration fee	\$ 75
Monthly tuition (x9)	\$175

Fees:

Non-refundable deposit fee	\$100
Non-refundable registration fee	\$ 75
Monthly tuition (x9)	\$175

Fees:

Non-refundable deposit fee	\$100
Non-refundable registration fee	\$115
Monthly tuition (x9)	\$215

Fees:

Non-refundable deposit fee	\$100
Non-refundable registration fee	\$210
Monthly tuition (x9)	\$310

Fees:

Non-refundable registration fee	\$ 25
See attached details on Page 4	

Registration Process: **An invoice will be emailed to you with an option to pay online.**

- Deposit fee of \$100 is due upon enrollment.
- Second payment/registration fee is due by June 1 to continue the enrollment process.
- First tuition payment is due August 1.
- A current immunization certificate is required before the first day of school.

For more information, please contact Mandy Benton at 859-272-3441 or mandy@portermemorial.net. Completed forms must be submitted in one of three ways; download, fill-in and email to mandy@portermemorial.net, bring to the church office, or mail to: Porter Memorial Weekday Program, c/o Mandy Benton, 4300 Nicholasville Rd., Lexington, KY 40515.

PERSONAL INFORMATION

The information that you give on this questionnaire will increase the teacher's understanding of your child. It will enable the teacher to determine your child's needs and interests much more quickly.

Child's Information:

Child's Full Name:

Gender: M or F

What name do you want used for your child in the classroom?

Street Address:

City:

State: *Kentucky*

Zip Code:

Age:

Birthdate:

Parents Information:

Father's Name

Mother's Name

Father's cell phone

Mother's cell phone

Father's email address

Mother's email address

Employer's name

Employer's name

Employer's business phone

Employer's business phone

Address, if same as child check here

Address, if same as child check here

If not the same

If not the same

Names and ages of brothers or sisters

Church organizations that child attends

Has he/she had any serious illnesses, operations, or accidents? Yes No

If so, describe and give age of child at the time

Information that may be helpful to the teacher or other information that you would like to share with us:

Can we include your name, address, and telephone number for the class directory? Yes No

Child's Doctor

Doctor's Phone #

Preferred Hospital

Allergies/Special Needs

Is your child under a doctor's care for this? Yes No

A current immunization certificate is required **before the first day of school.**

In case of sickness or in the event my child is injured while attending preschool at Porter Memorial Baptist Church, my

permission is granted for any staff member in charge to administer treatment or obtain necessary medical attention to stabilize my child. I also agree to use my family health insurance as the primary coverage.

Parent's Signature

Date

Parent signature needed below:

*I understand that the monthly tuition is paid in nine equal monthly installments and shall be **paid on the first of each month**. The first tuition payment is due by **August 1st**. No reduction can be made for absences or in the event that school is cancelled due to inclement weather. **If payment is not received by the 10th of the month, a \$10 late fee will be applied**. A thirty-day paid notice is required if you withdraw from the program. If for any reason you need to drop from the program before the fall session begins, you must notify Mandy Benton by August 1st to avoid paying August tuition.*

Parent's Signature

Date

PERMISSION TO PHOTO, VIDEO, AND /OR RECORD

I, _____, parent/legal guardian of _____, hereby grant permission to the Porter Memorial Weekday Education Program to use my child's photograph, and/or voice in any way that would reasonably portray programs of the Porter Memorial Weekday Program. This also includes pictures taken in the classroom, on field trips, or at school programs. This also includes pictures (with no names) that we may post on **Facebook** as well as our **website**, www.portermemorialpreschool.com. I further release the staff from any damages in using my child's photograph and/or voice.

Signature of Parent or Guardian

Date

*****IMPORTANT INFORMATION FOR SUBMITTING ON-LINE*****

Download form, fill in and check for any missing information, SAVE, then email this document to the following email addresses. mandy@portermemorial.net .

If you plan to enroll in Lunch Bunch, please complete the next page before submitting.



Lunch Bunch is from 12:00 PM – 2:00 PM and is opened to children who are enrolled in Porter Memorial Weekday Program. Children bring their lunch and have a great time extending their day with games and story time.

- ➔ Please do not send foods that need to be microwaved. Our facility is not equipped to use the microwave for numerous meals during lunchtime.
- ➔ You may register your child for any day(s) he/she **attends preschool**.
- ➔ Once you have registered for Lunch Bunch, it will be your responsibility to pay for the days you registered.

Payment
for missed days will not be refunded, and any changes must be made through the director. A two-week paid notice is required to withdraw.

- ➔ Payment is expected at the beginning of each month with preschool tuition. There will be nine months of lunch bunch tuition. (August and December will be half price.)

The cost is as follows:

A non-refundable registration fee of \$25 is due with application.

- | | |
|----------------------------|----------------------------|
| 1 Day - \$45.00 per month | 4 Day - \$155.00 per month |
| 2 Day - \$85.00 per month | 5 Day - \$190.00 per month |
| 3 Day - \$120.00 per month | |

- ➔ I understand my child will be enrolled in Lunch Bunch based on availability of openings. If there are openings available in the program, I must submit a \$25 non-refundable registration fee and the registration form to hold a spot for my child. If no spots are available, my child may be placed on the waiting list at no cost.

My child is enrolled in preschool on the following days. Choose one.

Monday/Wednesday/Friday Monday/Wednesday Tuesday/Thursday Monday thru Friday

Lunch Bunch will be offered five days per week. Please check the day/days you prefer your child to attend Lunch Bunch. Your child must attend the same day/days each week.

I prefer: Monday Tuesday Wednesday Thursday Friday

I would like to enroll my child in the Porter Memorial Lunch Bunch Program.

Child's Name:

Mother's Name:

Father's Name:

Date: