



Thank you for your interest in Mt. Olivet Preschool!

Families currently attending Mt. Olivet Preschool may register their children starting February 14, 2020. General registration for all other families begins March 2, 2020

Registration Discount

If you register your child before May 15, 2020 and pay their first month's tuition, your registration fee of \$30 will be waived.

Fees for the 2020 -2021 school year are as follows:

Children are placed in classes based on their age on August 31st of the current school year.

2-year-old program

Meets Tuesdays and Wednesdays, 9-11:30 a.m.

\$30.00 non-refundable registration fee

\$110.00 per month for a 2 year old child

3 & 4-year-old programs

Meets Tuesdays, Wednesdays, and Thursdays, 9-11:30 a.m.

\$30.00 non-refundable registration fee

\$135.00 per month tuition for three mornings per week

Families with more than one child in the preschool will receive a 10% discount on their total tuition charge.

This registration period, we are offering a one month tuition discount of \$50.00 for a referral of a new student who registers and attends for 3 months.

For additional information contact the Preschool Administrator,
Linda Stephenson,
at 302.249.8414 or via email @ MtOlivetPreschool@gmail.com.

Messages can be left at the Mt. Olivet UMC Office at 302.629.4458.

Mt. Olivet Preschool
315 High Street
Seaford, Delaware 19973
302.629.4458

Application for: (check one)

Current Student: _____

Sibling of current student: _____

New Student: _____

Date: _____

Program Requested: (check one)

Two-year-old _____
(Must be 2 by 8-31-20)

Three-year-old _____
(Must be 3 by 8-31-20)

Four-year-old _____
(Must be 4 by 8-31-20)

Child's Name _____ Sex _____

Address _____

Date of Birth _____ Nickname _____ Phone _____

Who has primary custody of this child? _____

Would you like the Preschool newsletter e-mailed to you? ___yes ___no e-mail _____

* * * * *

Mother's Name _____

Address _____ Home Phone _____

Cell Phone _____

Employer _____ Work Phone _____

* * * * *

Father's Name _____

Address _____ Home Phone _____

Cell Phone _____

Employer _____ Work Phone _____

* * * * *

Names and Ages of Siblings _____

What is your child's primary language? _____ Second language? _____

Does your child need any special considerations? Yes ___ No ___ If yes, please explain the need. _____

* * * * *

List two people who could be contacted in an emergency, if a parent could not be reached.

Name Relationship Phone

Name Relationship Phone

The immunizations required for this program are: **DPT 1, 2, 3; the Polio Vaccine 1, 2, 3; HIB 1, 2, 3; HEP B 1, 2, 3; MMR and Varicella(chickenpox).**

Recommended: **Pneumococcal and Rotavirus**

The State of Delaware requires each child have a Health Appraisal by a licensed physician or nurse practitioner, conducted within 6 months of when they start school. We will need a copy of this Health Appraisal on or before the first day of school.

Child's physician or source of health care _____

Address _____ Phone _____

Please describe any allergies or special medical needs. _____

* * * * *

For **EMERGENCIES** requiring immediate medical attention, your child _____
(child's name)

will be taken to the nearest hospital emergency room. Your signature below authorizes the responsible person at the school to have your child transported to the hospital.

Please sign to indicate your understanding of the school's policy concerning medical emergency situations.

Parent Signature _____ Date _____

* * * * *

Field Trip Permission: I give my child, _____,
(child's name)

permission to go on all field trips during school hours for the 2020-2021 school year. I understand that the school does not arrange transportation. Prior notice of all trips will be given.

Please sign to indicate your understanding of the school's policy concerning field trips.

Parent Signature _____ Date _____

* * * * *

Non-Parent Caregiver Information

Caregiver's Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Note: A non-refundable registration fee **must** be submitted with this application.
Checks should be made payable to Mt. Olivet Preschool.