

Memorial Preschool Classes and Fees Schedule 2024-2025

Two-Year-Old Class

Child must be two by 8/1

Tuesday, Wednesday, Thursday

9:00 am to 12:00 noon

Monthly Tuition \$150.00

Registration Fee \$100.00

*Supply Fee \$45.00

Three-Year-Old Class

Child must be three by 8/1

Tuesday, Wednesday, Thursday

9:00 am to 12:00 noon

Monthly Tuition \$150.00

Registration Fee \$100.00

*Supply Fee \$55.00

Three-Year-Old Extended Class

Child must be three by 8/1

9:00 am to 12:00 noon (T & Th)

9 am to 2:00 pm (W)

Monthly Tuition \$165.00

Registration Fee \$100.00

*Supply Fee \$60.00

4 Day Pre-K Morning Class

Child must be four by 8/1

Monday, Tuesday, Wednesday,

Thursday

9:00 am to 12:00 Noon

Monthly Tuition \$165.00

Registration Fee \$100.00

*Supply Fee \$80.00

5 Day Pre-K Extended Class

Child must be four by 8/1

Monday, Tuesday, Wednesday

Thursday, Friday

9:00 am to 2:00 pm

Monthly Tuition \$225.00

Registration Fee \$100.00

*Supply Fee \$85.00

Early Drop Off - The student maybe dropped off between 8:00 am-9:00 for an additional fee.

The following programs are offered for enrolled potty-trained students. Student may stay for as many sessions as they wish.

Lunch Bunch - must bring a lunch

Tuesday, Wednesday, Thursday

12:00 noon - 2:00 pm

\$10 per day

My Morning Out

Monday and Friday

900 am to 12:00 noon

\$15.00 per day

* Registration fee of \$100.00 is non-refundable and is due at the time of registration. Supply fees are paid twice during the school year. These fees are paid at the beginning of the school year by September 30, 2024 and once after Christmas Break by January 31, 2025. Supply fees are non-refundable.

MEMORIAL PRESCHOOL
2701 POPLAR STREET
TERRE HAUTE, IN 47803
812-232-9046
info@memorialpreschool.org

CHILD'S NAME _____
(Last) (First) (Middle)

CLASS TO BE ENROLLED:

Tuesday, Wednesday, Thursday Two Year Old Class (9 to 12) _____

Tuesday, Wednesday, Thursday Three Year Old Class (9 to 12) _____

Tuesday (9-12), Wednesday (9 to 2), Thursday (9-12) Three Year Old Class _____

Four Morning Pre-Kindergarten Class (9 to 12) _____

Five Day Extended Pre-Kindergarten Class (9:00 to 2) _____

*Class placement is up to the discretion of the Preschool Directors/Staff

*REGISTRATION FEE IS DUE AT TIME OF REGISTRATION AND IS NON-REFUNDABLE.

*SUPPLY FEES ARE PAID TWICE A YEAR AND ARE NON-REFUNDABLE.

*TUITION IS DUE BY THE 1ST OF EACH MONTH (SEPTEMBER - MAY).

*A \$30.00 LATE FEE WILL BE ADDED TO ANY PAYMENT RECEIVED AFTER THE 10th OF THE MONTH UNLESS ARRANGEMENTS HAVE BEEN MADE WITH THE DIRECTOR.

For Office Use Only

AMOUNT PAID _____ CHECK# _____ CASH# _____

Date Received at School _____

OTHER PERSONS IN THE HOME

Name	Relationship to child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list those (besides parent/guardian) who may pick your child up from school:

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

GETTING ACQUAINTED

PRIOR GROUP EXPERIENCE (CHECK ALL THAT APPLY) :

Preschool _____ Sunday School _____ Daycare _____ Play groups _____

CHURCH AFFILIATION _____

FAVORITE PLAY MATERIALS/TOYS :

Indoors _____

Outdoors _____

PETS :

NAME	TYPE
_____	_____
_____	_____
_____	_____

DOES YOUR CHILD LIKE TO BE READ TO: Yes _____ No _____

DOES YOUR CHILD LIKE TO LOOK AT BOOKS ON HIS/HER OWN: Yes _____ No _____

IS YOUR CHILD TOILET TRAINED: Yes _____ No _____
(Children are asked to be toilet trained or working on it for all classes except the Two's classes)

WHAT TERM DO YOU USE FOR GOING TO THE TOILET? _____

IS YOUR CHILD RIGHT OR LEFT HANDED? _____

LIST ANY FEARS OR NERVOUS HABITS YOUR CHILD MAY HAVE OF WHICH WE SHOULD BE AWARE:

ADDITIONAL INFORMATION THE TEACHER SHOULD KNOW: _____

HEALTH INFORMATION

CHILD'S NAME _____

BIRTHDATE _____

HOSPITAL PREFERENCE _____

PHYSICIAN _____ PHONE _____

LIST EMERGENCY CONTACTS IF PARENTS CANNOT BE LOCATED:

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

PLEASE LIST ANY ALLERGIES YOUR CHILD HAS:

Please list maintenance medications your child takes:

IS YOUR CHILD SUBJECT TO FREQUENT:

COLDS _____ SORE THROATS _____ VOMITING _____ NOSE BLEEDS _____

EAR INFECTIONS _____ OTHER _____

LIST OPERATIONS YOUR CHILD HAS HAD: TYPE, WHEN

Please list any major illnesses your child has had:

ANY ADDITIONAL INFORMATION REGARDING YOUR CHILD'S HEALTH THAT THE TEACHER

SHOULD BE AWARE OF: _____

IMMUNIZATION RECORDS ARE REQUIRED BY THE STATE HEALTH DEPARTMENT. Please submit shot records by first day of class.

Consent for Emergency Medical Attention

I, the undersigned Parent/Guardian of _____, do hereby consent that my child may be given emergency medical help by either Memorial Preschool Staff or emergency medical personnel. I consent to be financially responsible for any medical or dental treatment given during the emergency. I understand that all effort will be given to notifying me at quickly as possible when an emergency occurs.

Signature

Date