

## **Memorial Preschool Classes and Fees Schedule 2023 - 2024**

### **Two-Year-Old Class**

**Child must be two by 8/1**

Tuesday, Wednesday, Thursday

9 am to 12:00 noon

Monthly Tuition     \$145.00

Registration Fee     \$100.00

\*Supply Fee             \$40.00

### **4 Day Pre-K Morning Class**

**Child must be four by 8/1**

Monday, Tuesday, Wednesday,

Thursday

9 am to 12:00 Noon

Monthly Tuition     \$160.00

Registration Fee     \$100.00

\*Supply Fee             \$75.00

### **Three-Year-Old Class**

**Child must be three by 8/1**

Tuesday, Wednesday, Thursday

9 am to 12:00 noon

Monthly Tuition     \$145.00

Registration Fee     \$100.00

\*Supply Fee             \$50.00

### **5 Day Pre-K Extended Class**

**Child must be four by 8/1**

Monday, Tuesday, Wednesday

Thursday, Friday

9 am to 2 pm

Monthly Tuition     \$220.00

Registration Fee     \$100.00

\*Supply Fee             \$80.00

### **Three-Year-Old Extended Class**

**Child must be three by 8/1**

9 am to 12 noon (T & Th)

9 am to 2:00 pm (W)

Monthly Tuition     \$160.00

Registration Fee     \$100.00

\*Supply Fee             \$55.00

**\*Early Drop Off, Lunch Bunch and My Morning Out options available.**

**\*Supply fees are paid twice during the school year. These fees are paid at the beginning of the school year by September 30, 2023, and once after Christmas Break by January 31, 2024. Supply fees are non-refundable. Registration fee of \$100.00 is non-refundable and is due at the time of registration.**

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

CHILD'S NAME \_\_\_\_\_  
(First) (Middle) (Last)

CLASS TO BE ENROLLED:

Tuesday, Wednesday, Thursday Two-Year-Old Class (9-12) \_\_\_\_\_

Tuesday, Wednesday, Thursday Three-Year-Old Class (9-12) \_\_\_\_\_

Tuesday (9-12), Wednesday (9-2), Thursday (9-12) Three-Year-Old Class \_\_\_\_\_

Four Morning Pre-Kindergarten Class (9-12) \_\_\_\_\_

Five Day Pre-Kindergarten Extended Class (9-2) \_\_\_\_\_

- \*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 1<sup>ST</sup> OF EACH MONTH (SEPTEMBER - MAY).
- \*A \$30.00 LATE FEE WILL BE ADDED TO ANY PAYMENT RECEIVED AFTER THE 10<sup>th</sup> OF THE MONTH UNLESS ARRANGEMENTS HAVE BEEN MADE WITH THE DIRECTOR.

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For Office Use Only

AMOUNT \_\_\_\_\_ CHECK# \_\_\_\_\_ CASH \_\_\_\_\_

Date Received at School \_\_\_\_\_

MEMORIAL PRESCHOOL  
ENROLLMENT FORM INFORMATION

CHILD'S NAME \_\_\_\_\_  
(First) (Middle) (Last)

NICKNAME OR NAME CHILD PREFERS \_\_\_\_\_

DATE OF BIRTH (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

AGE ON AUGUST 1, 2023 \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(Box, Street) (City) (State) (Zip)

PARENTS/GUARDIANS:

FATHER/GUARDIAN NAME \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM CHILD'S) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MOTHER/GUARDIAN NAME \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM CHILD'S) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Parents are:  Married  Separated  Divorced  Never Married  
Student lives with:  Both Parents  Mother  Father  Guardian

OTHER PERSONS IN THE HOME (names, ages, relationship to child)

Name	Relationship	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**

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 class)

**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 \_\_\_\_\_

PLEASE LIST ANY MAJOR ILLNESSES OR OPERATIONS 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 as quickly as possible when an emergency occurs.

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Signature

Date