



Medina Weekday Preschool

Attached are the registration forms for the Medina Weekday Preschool 2024-2025 year. The school is open to all children who will be 3, 4, or 5 on or before September 30, 2024*. Children must be fully toilet-trained by the time of school entrance. Enrollment is limited to fifteen 3 year olds, eighteen 4 year olds, fifteen 4 year olds (PEP) and eighteen 5 year olds per class. When classes have filled, a waiting list will be established.

CLASS SCHEDULES: AM class time 9:00-11:30; PM class time 12:30-3:00

3-year-old	3 days/week, Monday, Wednesday & Friday AM 2 days/week, Monday & Wednesday AM or PM 2 days/week, Tuesday & Thursday AM or PM
4-year-old	4 days/week, Monday, Tuesday, Wednesday & Thursday AM 3 days/week, Monday, Wednesday & Friday AM or PM 2 days/week, Tuesday & Thursday AM or PM 1 day/week, Friday AM or PM (PEP - Alone or added to any 4's program.)
5-year-old	5 days/week, Monday through Friday PM

REGISTRATION: Registration forms must be accompanied by one month's tuition **PLUS** a registration fee of \$30.00, with a maximum of \$50 per family, which includes insurance coverage. (Specific amounts for each class are indicated below.) All classes will be filled according to the postmark date of the registration forms and required fees mailed to the registrar. **REGISTRATION FORMS MUST BE POSTMARKED AND MAILED TO THE REGISTRAR. PLEASE DO NOT SEND PAPERS TO THE SCHOOL, GIVE THEM TO A TEACHER, OR LEAVE THEM IN THE OFFICE.** The registrar will notify families via mail no later than **March 8th** of the availability of the desired class. All required paperwork and fees payable to **Medina Weekday Preschool** should be mailed to:

Michele Soworowski, Registrar
 Medina Weekday Preschool
 5143 Rolling Ridge Drive
 Seville, Ohio 44273

TUITION: Tuition rates are based on the number of days per week of your specific class. Tuition payments are due monthly to the Financial Secretary. Tuition is collected one month in advance.

<u>CLASS</u>	<u>TUITION</u>	<u>REGISTRATION FEE</u>	<u>TOTAL DUE</u>
5 days/week class:	\$275.00/month	\$30.00	\$305.00
4 days/week class:	\$240.00/month	\$30.00	\$270.00
3 days/week class:	\$180.00/month	\$30.00	\$210.00
2 days/week class:	\$120.00/month	\$30.00	\$150.00
1 day/week P.E.P.:	\$ 60.00/month	\$30.00	\$ 90.00 (Registration fee for PEP class is waived if registered for another MWP class.)

The tuition, but not the registration fee, will be refunded if parents notify the registrar of a child's withdrawal no later than June 30th.

FINANCIAL ASSISTANCE: Financial assistance is available in two ways:

1. Partial financial aid for children with financial need. Application must be received by May 30, 2024.
 2. A limited number of qualified parents may work during the same session in which their child is enrolled, in lieu of tuition, as a Floating Assistant. Financial need is not a requirement to apply for a Floating Assistant position.
- For applications or financial assistance information contact the director, Sarah Harrison, at (330)723-7550 or medinaweekdaypreschool@gmail.com.

For additional registration information contact the registrar, Michele Soworowski, at (330)241-1150 or mwnsregistrar@yahoo.com.

***Please refer to your local school district's website for their kindergarten cut-off date as this may influence your registration decision.**

MEDINA WEEKDAY PRESCHOOL REGISTRATION FORM

CM C/F O
\$ _____ # _____
PMD _____

PLEASE PRINT

Child's Name _____ Male or Female

Address _____

Street _____ City _____ Zip _____
Birth Date _____ Age as of September 30, 2024 _____

Parents' Name(s) _____ Best Phone _____

Best Email Address _____ 2nd Phone _____

ENROLLMENT REQUEST:

Please indicate 1st and 2nd choice of day/time.
Class times: AM classes 9:00-11:30; PM classes 12:30-3:00

5 Year Olds

_____ M/T/W/TH/F PM

4 Year Olds

_____ M/T/W/TH AM

_____ M/W/F AM

_____ M/W/F PM

_____ T/TH AM

_____ T/TH PM

4 Year Olds (PEP)

_____ F AM

_____ F PM

3 Year Olds

_____ M/W/F AM

_____ M/W AM

_____ M/W PM

_____ T/TH AM

_____ T/TH PM

_____ Yes, I would like to be on a waiting list for my 1st choice of day/time should the class be full.

I UNDERSTAND IN ORDER TO BE ELIGIBLE FOR A TUITION REFUND, I MUST WITHDRAW MY CHILD BY JUNE 30, 2024. _____
Initial

SPECIAL REQUESTS OR COMMENTS: Please indicate any requests or comments below. Please limit requests to those of **necessity** (i.e. carpools, daycare, etc.) and include explanation for request. We will try to honor all necessary requests, however, not guaranteed.

New to Medina Weekday Preschool? YES NO

Medina United Methodist Church Member? YES NO

Current/Former Family? YES NO

If yes, please list current/former students. If additional space is needed, please use the reverse side.

Child's Name _____ Teacher's Name _____ Year _____

Child's Name _____ Teacher's Name _____ Year _____

Child's Name _____ Teacher's Name _____ Year _____

MEDINA WEEKDAY PRESCHOOL
TEACHER INFORMATION FORM

Child's Name _____ Birth Date _____ Male or Female _____

What name would you like your child to recognize and print at school? _____

Address _____ Best Phone _____
Street City Zip

Father's Name _____ Father's Cell Phone _____

Father's E-Mail Address _____

Place of Employment (optional) _____ Occupation _____

Mother's Name _____ Mother's Cell Phone _____

Mother's E-Mail Address _____

Place of Employment (optional) _____ Occupation _____

Who lives at home with your child? (If sibling, please provide age of sibling.)

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Are there any special family arrangements such as shared parenting, living in two homes or custody specifications, etc.? YES NO

If yes, details: _____

Please list other schools or special classes your child has attended or is presently attending: _____

To help us better guide your child, please provide any necessary information or concerns below:

Allergies _____

Food _____

Physical _____

Vision/Hearing/Speech _____

Emotional _____

Social _____

Developmental _____

Other _____

Are there things that frighten your child? If so, how does he/she react? _____

Are there any changes or transitions that your child has recently experienced or is experiencing (divorce, new home, illness, surgery, death or separations, etc.)? _____

Circle the word which best describes your child's bathroom needs: Occasional Accidents Needs Reminding Self-Control

What is your child's hand orientation? Right Left Both

What time does your child normally go to bed at night and wake up in the morning? _____

How does your child show he/she is tired? _____

What may cause your child to feel angry or frustrated and how might he/she display it? _____

Are there additional personality and/or behavioral characteristics that would be useful to know about your child? _____

Favorite play materials: _____

Pets: _____

Special experiences or family interests shared with your child (travel, trips, church/ community, hobbies, etc.): _____

What might you and/or your child be anxious about as he/she starts in this program? _____

What are you and/or your child excited about as he/she starts in this program? _____

What are your expectations of this program? _____

Describe your child in one word: _____