



## Medina Weekday Preschool

Attached are the registration forms for the Medina Weekday Preschool 2026-2027 year. The school is open to all children who will be 3, 4, or 5 on or before September 30, 2026\*. Children must be fully toilet-trained by the time of school entrance. Enrollment is limited to twelve 3 year olds, sixteen 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
5-year-old	1 day/week, Friday AM or PM (PEP - Alone or added to any 4's program.)
	5 days/week, Monday through Friday PM

**REGISTRATION:** Registration forms must be accompanied by one month's tuition **PLUS** a registration fee of \$50.00, with a maximum of \$75 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 assistant director. **REGISTRATION FORMS MUST BE POSTMARKED AND MAILED TO THE ASSISTANT DIRECTOR. PLEASE DO NOT SEND PAPERS TO THE SCHOOL, GIVE THEM TO A TEACHER, OR LEAVE THEM IN THE OFFICE.** The assistant director will notify families via mail no later than **March 6<sup>th</sup>** of the availability of the desired class. All required paperwork and fees payable to **Medina Weekday Preschool** should be mailed to:

Michele Soworowski, Assistant Director  
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 assistant director. Tuition is collected one month in advance.

<b><u>CLASS</u></b>	<b><u>TUITION</u></b>	<b><u>REGISTRATION FEE</u></b>	<b><u>TOTAL DUE</u></b>
5 days/week class:	\$275.00/month	\$50.00	\$325.00
4 days/week class:	\$240.00/month	\$50.00	\$290.00
3 days/week class:	\$180.00/month	\$50.00	\$230.00
2 days/week class:	\$120.00/month	\$50.00	\$170.00
1 day/week P.E.P.:	\$ 60.00/month	\$50.00	\$110.00

(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 assistant director of a child's withdrawal no later than June 30<sup>th</sup>.**

**FINANCIAL ASSISTANCE:** Financial assistance is available in two ways:

1. Partial financial aid for children with financial need. Applications must be received by May 30, 2026.
  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 Assistant Director, Michele Soworowski, at (330)241-1150 or mwpassistantdirector@gmail.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, 2026 \_\_\_\_\_  
Parents' Name(s) \_\_\_\_\_ Best Phone \_\_\_\_\_  
Best Email Address \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

### ENROLLMENT REQUEST:

Please indicate 1<sup>st</sup> and 2<sup>nd</sup> 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 1<sup>st</sup> 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, 2026. \_\_\_\_\_  
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: \_\_\_\_\_