



MEMORIAL COMMUNITY CENTER & PRESCHOOL

415 WELLINGTON PLACE, PO BOX 405, HOPE, ID 83836

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PRESCHOOL APPLICATION FOR ENROLLMENT AND RE-ENROLLMENT

Your application will be reviewed and upon acceptance you will receive a letter in the mail with further information.

PRESCHOOL STUDENT INFORMATION

Grade Entering: Preschool Pre-K

Last Name: _____ First Name: _____ MI: _____ Preferred Name: _____

Birth date: ___/___/___ Age: _____ Gender: _____ Race/Ethnicity (optional) _____

Physical Address: Street: _____

City: _____ State: _____ Zip: _____

(If different than above)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Landline Phone: _____ Cell Phone : _____

Email Address (primary): _____

Please list names and ages of any other children in the family:

Name: _____ Birth date: ___/___/___ Name: _____ Birth date: ___/___/___

Name: _____ Birth date: ___/___/___ Name: _____ Birth date: ___/___/___

FAMILY INFORMATION

Will you have other children from your immediate family attend MCC Preschool? Yes No

Marital status of child's parents? _____

Student lives with: (please check only one)

both parents in the home Part-time with each parent Father only Mother only Guardian(s) _____

FATHER'S INFORMATION (or Male Guardian)

Name (first & last): _____ Name of step-parent (if applicable) _____

Employer: _____ Job title: _____ Phone: _____

Father home address & phone if different from child (ren)

Home E-mail: _____ Cell Phone: _____

MOTHER'S INFORMATION (or Female Guardian)

Name (first & last): _____ Name of step-parent (if applicable) _____

Employer: _____ Job title: _____ Phone: _____

Mother home address & phone if different from child (ren)

Home E-mail: _____ Cell Phone: _____

EMERGENCY INFORMATION

Physician: _____ Phone: _____ Dentist _____ Phone: _____

Specific allergies and other conditions----- **If none, please write NONE:**

Two others persons we may contact in case of an emergency:

Name: _____ Phone: _____ Name: _____ Phone: _____

IMMUNIZATIONS: MCC Preschool is required by the State of Idaho to have complete immunization records on file for each enrolled student. All registrants must submit a copy of this information prior to attending.

IN CASE OF EMERGENCY: As the parent or legal guardian of the child named on this form, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Guardian

Date

ADDITIONAL INFORMATION

BIRTH CERTIFICATE: Idaho state law requires MCC Preschool to have a birth certificate on file for each enrolled student. All registrants must submit a copy of this certificate prior to the start of school.

School attended last year: _____

If you are a first time enrollee, how did you hear about MCC Preschool? : _____

Were you referred by an MCC Preschool Family or Friend? Y/N If yes, who shall we thank? _____

TUITION & REGISTRATION FEE

Due to limited enrollment, you are encouraged to return this form as soon as possible together with a non-refundable Registration Fee of \$80.00. Make checks payable to MCC.

Please check your preference for tuition plan preferred:

- Pay tuition for entire year in August
- 9 Monthly Payments September-May
- 10% sibling discount (the oldest child pays full tuition. A second sibling is eligible for a 10% discount.)

NOTE: Only one discount per family.

- Tuition is due on the first Tuesday of the month and late after the 15th of the month.
- Failure to keep accounts current may result in termination of educational services
- MCC Preschool does not guarantee admissions to any applicant. It is the mission of MCC Preschool to provide quality education to all of its students. MCC Preschool recognizes that there may be an applicant for admissions whose background and circumstances are such that the applicant would require extraordinary attend and/or resources and their admission would therefore disproportionately reduce the attention and resources available to other students. MCC Preschool also recognizes that there may be an applicant with a background which suggests that the applicant may pose a potential risk to other students. MCC Preschool must consider the best interest of its student body as a whole, and for this reason, it is the policy of MCC Preschool to dismiss and/or not accept such an applicant.

The signature below indicates that the parents/guardians are familiar with, and agree to, the policies of MCC Preschool as expressed in the Parent Handbook, and agree to support MCC Preschool in reference to policy and financial commitments.

Father's Signature or Legal Guardian

Date

Mother's Signature or Legal Guardian

Date

FOR OFFICE USE ONLY TUITION RATE: FULL SCHOLARSHIP**