



# MY SCHOOL PRESCHOOL REGISTRATION FORM

Class:

| 3 year old Preschool              | 4 year old Pre-K     | 5 year old TK                     |
|-----------------------------------|----------------------|-----------------------------------|
| Before Sept. 1, 2026              | Before Sept. 1, 2026 | Before Sept. 1, 2026              |
| 2 Day AM 9:30 -noon               | 3 Day AM 9:30 -noon  | 4 Day 8:45-11:45                  |
| 3 Day PM 12:45-3:15               | 3 Day PM 12:45-3:15  | 4 Day 8:45-1:45                   |
| <b>\$165/MONTH or \$210/MONTH</b> | <b>\$210/MONTH</b>   | <b>\$260/MONTH or \$360/MONTH</b> |
| Due Today \$275 or \$320          | Due Today \$320      | Due Today \$370 or \$470          |

Date: \_\_\_\_\_

Check# \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

#### LIST ANY MEDICAL OR DIETARY/ALLERGY INFORMATION:

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PEDIATRICIAN/DOCTOR \_\_\_\_\_ PHONE: \_\_\_\_\_

ANY LONG-TERM OR MAINTENANCE MEDICATION? \_\_\_\_\_

ANY CONDITIONS THAT NEED MONITORING? \_\_\_\_\_

OVER 

**PICTURE CONSENT:** *My School Preschool uses ClassDoJo to help keep parents informed about daily activities and progress. You will have access to your child's class once you are sent a private invitation to join.*

I GIVE PERMISSION TO PHOTOGRAPH MY CHILD FOR USE ON CLASSDOJO, AND CLASS PROJECTS

I DO NOT GIVE PERMISSION TO PHOTOGRAPH MY CHILD FOR USE ON CLASSDOJO, AND CLASS PROJECTS

DOES YOUR CHILD HAVE AN IEP OR ANY SPECIAL NEEDS WE NEED TO BE AWARE OF?

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**EMERGENCY CONTACT NUMBERS:**

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

**\*\*Please be advised that while we strive to educate all children and will do our best to meet your child's needs, we may not be able to due to classroom and staff restraints.**

**\*\*\*All Children must be fully potty-trained (no pull-ups/diapers) to attend My School Preschool.**

**PARENT STATEMENT:**

1. PARENT/GUARDIAN ACCEPTS RESPONSIBILITY FOR NOTIFYING THE SCHOOL OF ANY CHANGES IN HOME AND EMERGENCY ADDRESS OR PHONE NUMBERS, AUTHORIZED PERSONS TO PICK UP THEIR CHILD, AND/OR ANY SIGNIFICANT CHANGES AT HOME.
2. PARENT/GUARDIAN HAS EXAMINED THE INFORMATION CONTAINED IN THIS REGISTRATION FORM AND HEREBY STATE THAT IT IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.
3. IN THE EVENT OF AN EMERGENCY, I GIVE THE STAFF OF MY SCHOOL PRESCHOOL PERMISSION TO CALL EMS OR TAKE MY CHILD TO THE NEAREST EMERGENCY ROOM FOR TREATMENT.

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

**MY SCHOOL PRESCHOOL**  
**2026-2027**  
**TUITION CONTRACT**

I/We hereby enroll my child (Name) \_\_\_\_\_  
and agree to pay the full tuition amount in accordance with the terms stated herein.

- Registration Fee: \$50.00 non-refundable registration fee, payable upon registration.
- Tuition Deposit: Tuition for September 2026 is payable upon registration (see refund policy).
- Activity Fee: An activity fee of \$60.00 is payable upon registration and is (see refund policy).
- **Tuition for the Tuesday/Thursday (3-Year-Old) 2-Day AM Preschool Class:**  
Total Tuition for the Tuesday/Thursday 2-Day Preschool Class is \$1,595.00. Tuition is divided into nine monthly payments of \$165.00 each for convenience, and the payment for September 2026 tuition is due with registration as stated above. The remaining eight installments are due one month in advance, by the first of each month, September 2026 through April 2027.
  - ACH Option: A monthly Automated Tuition payment (ACH debit) of \$165 deducted on the 1<sup>st</sup> of the month - September 2026 - April 2027.
  - One Installment: Payment of the remaining year (8 Months) in full \$1,320 due September 1, 2026.
- **Tuition for the Tuesday/Wednesday/Thursday (3-Year-Old) 3-Day PM Preschool Class:**  
Total Tuition for the Tuesday/Thursday/Friday 3-Day Preschool Class is \$2,000.00. Tuition is divided into nine monthly payments of \$210.00 each for convenience, and the payment for September 2026 tuition is due with registration as stated above. The remaining eight installments are due one month in advance, by the first of each month, September 2026 through April 2027.
  - ACH Option: A monthly Automated Tuition payment (ACH debit) of \$210 deducted on the 1<sup>st</sup> of the month - September 2026- April 2027.
  - One Installment: Payment for the remaining year (8 Months) in full of \$1,680 due September 1, 2026.
- **Tuition for the Monday/Wednesday/Friday, 3-Day Pre-K Class:**  
Total Tuition for the Tuesday/Thursday/Friday 3-Day Preschool Class is \$2,000.00. Tuition is divided into nine monthly payments of \$210.00 each for convenience, and the payment for September 2026 tuition is due with registration as stated above. The remaining eight installments are due one month in advance, by the first of each month, September 2026 through April 2027.
  - ACH Option: A monthly Automated Tuition payment (ACH debit) of \$210 deducted on the 1<sup>st</sup> of the month - September 2026- April 2027.
  - One Installment: Payment for the remaining year (8 Months) in full of \$1,680 due September 1, 2026.
- **Tuition for the Monday-Thursday, 4-Day Transitional Kindergarten:**  
Total Tuition for the Transitional Kindergarten class is \$2,450.00  
Tuition is divided into nine monthly payments of \$260.00 each for convenience, and the payment for September 2026 tuition is due with registration as stated above. The remaining eight installments are due, one month in advance, by the first of each month, September 2026 through April 2027.
  - ACH Option: A monthly Automated Tuition payment (ACH debit) of \$260 deducted the 1<sup>st</sup> of the month - September 2026- April 2027.
  - One Installment: Payment for the remaining year (8 Months) in full of \$2,080.00 due September 1, 2026.

PLEASE SEE THE REVERSE SIDE



- **Tuition for the Monday–Thursday, 4-Day Transitional Kindergarten with extended day:**  
 Total Tuition for the Transitional Kindergarten class is \$3,350.00  
 Tuition is divided into nine monthly payments of \$360.00 each for convenience, and the payment for September 2026 tuition is due with registration as stated above. The remaining eight installments are due, one month in advance, by the first of each month, September 2026 through April 2027.
  - ACH Option: A monthly Automated Tuition payment (ACH debit) of \$360 deducted the 1<sup>st</sup> of the month - September 2026- April 2027.
  - One Installment: Payment for the remaining year (8 Months) in full of \$3,350.00 due September 1, 2026.
- **Pay by Check Monthly-** anyone electing to pay monthly tuition with a personal check will owe an additional \$15 per month in addition to the monthly payment per enrolled class.
- **Late Payment:** If the monthly payment is not received by the 5<sup>th</sup> of each month, I/we will be charged a \$20.00 late fee. Any check returned from our bank is subject to a \$35.00 NSF charge.  
 If the tuition is not paid by the last day of the month, my/our child will not be permitted to attend school until both the late fee and the monthly tuition payment are paid in full or a payment plan is made with the Board of Directors. A payment plan must be established with the Board of Directors to cover all outstanding amounts owed to My School, ensuring my child's continued enrollment.
- **Withdrawal:** If a child is withdrawn from school for any reason, a written notice of the withdrawal must be submitted to the school with 30 days advance notice. **All fees paid at registration are non-refundable.**  
Because your monthly payment is an installment of the total tuition, there is no adjustment of tuition when my/our child is absent from school, or for school holidays or school cancellations.

I/We hereby request to enroll my/our child in the following class and understand that I am responsible for the full tuition and any other fees or fines levied by the Board of Directors of My School Preschool.

| Select Class Enrolling In: |          |       | Select Tuition Payment Option |  |
|----------------------------|----------|-------|-------------------------------|--|
| Days                       | Age      | Class |                               |  |
|                            | T/Th     | 3     | 2 Day AM Preschool            |  |
|                            | T/W/Th   | 3     | 3 Day PM Preschool            |  |
|                            | M/W/F    | 4     | 3 Day AM Pre-K                |  |
|                            | M/W/F    | 4     | 3 Day PM Pre-K                |  |
|                            | M/T/W/Th | 5     | 4 Day TK                      |  |
|                            | M/T/W/Th | 5     | 4 Day TK Extended             |  |

Date: \_\_\_\_\_  
 \_\_\_\_\_ (Parent or Guardian)

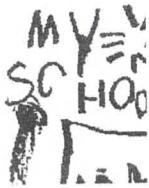
The parent or guardian of the child enrolled must sign this contract.

This contract will be on file at the preschool, and a copy of it will be returned to you if requested.

# My School Preschool

## ACH Authorization Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------|
| Parent or Guardian Name                                                                                                                                                                                                                                                                                                                                                                                                                |                         |      |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |      |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                   | State                   | ZIP  |
| Student Name                                                                                                                                                                                                                                                                                                                                                                                                                           | Monthly Tuition Amount: |      |
| Student Name                                                                                                                                                                                                                                                                                                                                                                                                                           | Monthly Tuition Amount: |      |
| Student Name                                                                                                                                                                                                                                                                                                                                                                                                                           | Monthly Tuition Amount: |      |
| Total Monthly Debited Amount:                                                                                                                                                                                                                                                                                                                                                                                                          |                         |      |
| My deduction will be taken directly from my checking account:                                                                                                                                                                                                                                                                                                                                                                          |                         |      |
| Routing #:                                                                                                                                                                                                                                                                                                                                                                                                                             | Account #               |      |
| Routing number must start with 0, 1, 2, or 3, and is 9 digits long.                                                                                                                                                                                                                                                                                                                                                                    |                         |      |
| I authorize My School Preschool to process debit entries to my account. I have attached a voided check. This authority will remain in effect until I have paid my 8 tuition payments in full, beginning August 5th through May 5th. I have also reviewed and signed the tuition contract stating that I will pay all Non-Sufficient Fund fees required, if I do not have the proper funds available at the time the debit takes place. |                         |      |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                             |                         | Date |
| Please attach voided check below.                                                                                                                                                                                                                                                                                                                                                                                                      |                         |      |



My School Preschool  
P.O. Box 541  
Mars, PA 16046  
724-272-9911  
An Outreach of Mars United Presbyterian Church

## Insurance Waiver Form 2026/2027

Dear Parent,

Your child is enrolled for the 2026-2027 school year at My School Preschool. We know that is your wish, as well as ours, that every possible precaution is taken to provide a safe and healthy school environment for your child. We do our utmost to promote this by providing teacher training, safe equipment, supervised activities, and encouraging good safety habits.

Despite all our efforts, accidents do happen occasionally while students are at preschool. My School Preschool does not carry nor require students to purchase school accident insurance. It is, therefore, necessary for parents to have their own insurance coverage for their children. Please complete the form explaining that you have your child adequately insured with your own personal family insurance.

Our policy is: **FIRST**, call the parents in order that they may transport the child to their family physician. **SECOND**, call persons listed as emergency contacts should the parents be unavailable. In extreme cases where time is very important, an injured child may be taken directly to the hospital.

We are asking for your help in the smooth functioning of our preschool program. Please fill in the following information, sign, and return this form to the school.

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print student's name

We are the Parents/legal guardians of the above-named student

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/ / /

SIGNATURE OF THE PARENT/LEGAL GUARDIAN

YES, I HAVE READ THE ABOVE INFORMATION AND ACKNOWLEDGE THAT MY CHILD IS ADEQUATELY COVERED BY OUR OWN PERSONAL INSURANCE AGAINST INJURIES SUSTAINED WHILE AT PRESCHOOL.

HE/SHE HAS MY PERMISSION TO PARTICIPATE IN PRESCHOOL ACTIVITIES WHILE AT MY SCHOOL PRESCHOOL.

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/ / /

SIGNATURE OF THE PARENT/LEGAL GUARDIAN

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_



**PLEASE SIGN & DATE THE BOTTOM. THANK YOU.**

**DISMISSAL INFORMATION**

Please list anyone who will be able to pick up your child from school. If someone needs to be added at a later date, notify the teacher in writing. Remember to list car pool drivers, or parents of after school playmates. Thank you.

NAME

RELATIONSHIP TO CHILD

PHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

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DATE

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PARENT OR GUARDIAN

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

DUE AT THE START OF THE  
SCHOOL YEAR.

Parent/Provider fill in this part.

|                                                                                                                                                                                    |             |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|
| CHILD'S NAME: (LAST)                                                                                                                                                               | (FIRST)     | PARENT/GUARDIAN: |
| DATE OF BIRTH:                                                                                                                                                                     | HOME PHONE: | ADDRESS:         |
| CHILD CARE FACILITY NAME:                                                                                                                                                          |             |                  |
| FACILITY PHONE:                                                                                                                                                                    | COUNTY:     | WORK PHONE:      |
| <input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child. |             |                  |
| PARENT'S SIGNATURE:                                                                                                                                                                |             |                  |

## DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):

NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):

NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.

NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?

YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT [WWW.AAP.ORG](http://WWW.AAP.ORG))

YES  NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)

HEARING (subjective until age 4)

LEAD

## RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

| IMMUNIZATIONS          | DATE | DATE | DATE            | DATE | DATE | COMMENTS                                              |
|------------------------|------|------|-----------------|------|------|-------------------------------------------------------|
| HEP-B                  |      |      |                 |      |      |                                                       |
| ROTAVIRUS              |      |      |                 |      |      |                                                       |
| DTAP/DTP/TD            |      |      |                 |      |      |                                                       |
| HIB                    |      |      |                 |      |      |                                                       |
| PNEUMOCOCCAL           |      |      |                 |      |      |                                                       |
| POLIO                  |      |      |                 |      |      |                                                       |
| INFLUENZA              |      |      |                 |      |      |                                                       |
| MMR                    |      |      |                 |      |      |                                                       |
| VARICELLA              |      |      |                 |      |      |                                                       |
| HEP-A                  |      |      |                 |      |      |                                                       |
| MENINGOCOCCAL          |      |      |                 |      |      |                                                       |
| OTHER                  |      |      |                 |      |      |                                                       |
| MEDICAL CARE PROVIDER: |      |      |                 |      |      | SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT |
| ADDRESS:               |      |      |                 |      |      | TITLE:                                                |
| PHONE:                 |      |      | LICENSE NUMBER: |      |      | DATE FORM SIGNED:                                     |

Parents may write immunization dates; health professional should verify and complete all data.



**This form is optional.**  
Complete only if you would like to volunteer at our school

## VOLUNTEERING TO HELP AT PRESCHOOL

### PARENT/GUARDIAN HELPERS

**(Adult Volunteers must have clearances)**

<https://epatch.pa.gov/home> or request a mail-in form from the director

*There is no cost for volunteer clearances*

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ CHILD'S CLASS: \_\_\_\_\_

PLEASE CHECK BELOW THE THINGS THAT INTEREST YOU CONCERNING VOLUNTEERING AT OUR SCHOOL. THE DIRECTOR OR YOUR TEACHER WILL BE IN TOUCH WITH YOU WITH MORE INFORMATION ABOUT YOUR SPECIFIC VOLUNTEER OPPORTUNITY.

### HOMEROOM PARENT/PARTY ORGANIZER:

Take charge of all parties following the guidelines provided by the teacher; contact parents who have signed up for that particular party; discuss ideas with the teacher before the party; and help the teacher with special projects and classroom activities.

### HISTORIAN:

Help teachers keep pictures organized; take pictures as directed by teacher; create picture displays for hallways as directed by the teacher; supply or coordinate donations for developing costs from classroom parents.

### TEACHER HELPER:

Help hang or take down displays; help with project preparations by cutting, gluing, or organizing at home (items can then be brought back when needed by the teacher).

### FUNDRAISERS:

Volunteer for larger scale events like the Polar Express Fundraiser (special preference given to volunteers)

Volunteer for school events like the Art Show & Graduation

Volunteer for public events like Apple Fest to help promote MSPS