

Early Childhood Education at Second Presbyterian Registration 2026-2027

Please check after you have read and filled out enrollment forms. **Child will not be accepted until everything listed is filled out, returned and paid for.**

_____ Family Information (returned)
_____ Health Information (returned)
_____ Student Information (returned)
_____ Medical Treatment Release (returned)
_____ Release of Child (returned)
_____ Permission to Photograph and Give out Personal Information (returned)
_____ Tuition Responsibility (returned)
_____ Registration fee of \$150, check payable to Second Presbyterian Church (PMO)
_____ Ecumenical Preschool (preschool) (nonrefundable)
_____ Current Immunization Record/ Date immunization, expires _____

Child's Name _____

Child's Birth Date _____

I would like my child to attend _____ days per week. (1 year olds, only up to 3 days)

Please list the days that you would like your child to attend

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Signature of Parent or Guardian

Date

Signature of Director

Date

Send to: Second Presbyterian Church
Attn: Preschool
460 E. Main Street
Lexington, KY 40507

FOR STAFF USE ONLY:

Date/Time Received: _____

Family Information

You can help us plan for your child's needs and concerns if you provide the following information. This information will remain confidential and is used to better support your child.

Child's Name: _____

Mother's Name: _____

Occupation: _____

Father's Name: _____

Occupation: _____

Marital Status of Parents: _____ married _____ living together
_____ separated _____ divorced

Important people in your child's life:

Siblings (name, age, gender, live with your child or separate)

Pets (animal, name)

Relatives, adults, friends that play an important role in your child's life and that we may frequently hear about in class:

What language is predominately spoken in your home?

Please list any other languages used in your home:

Describe your child's personality. Is (s)he generally happy, outgoing, quiet, curious, etc?

What is the best way to calm your child if he or she is upset?

Describe your child's favorite activities and interests.

Describe any fears which your child exhibits.

What type of experiences has your child had with groups of children (Sunday School, VBS, day care, etc.)?

Are there any special concerns which the preschool staff should be aware of with regard to stress in the child's life, family customs, etc?

What are your goals for your child with respect to his/her participation in the preschool program?

Health Information

Child's Name: _____

Allergies: _____

Asthma: _____

Has your child had chicken pox? _____ The chicken pox vaccine? _____

Does your child have frequent: (yes or no)

Colds? _____ Coughs? _____ Ear Infections? _____ Tonsillitis? _____

High Fever? _____ Upset Stomach? _____ Seizures? _____

Other? _____

Does your child have tubes in his/her ear due to ear infections? _____

If your child has seizures, please alert teachers of the severity and frequency.

How is your child's vision? _____ Hearing? _____

Is your child taking medication on a regular basis? _____

If so, please explain

Describe any dietary restrictions (food allergies, etc):

Student Information

Name child is called: _____

Full name of child: _____

Date of Birth: ____/____/____

Child's Home Address:

Mother's Name: _____

Home Address (if different from child):

Email Address:

Home Phone: _____ Cell Phone: _____

Father's Name: _____

Home Address (if different from child):

Email Address:

Home Phone: _____ Cell Phone: _____

Medical Consent

Child's Full Name: _____

Birth date: _____

Physician's Name: _____ Preferred Hospital: _____

Phone: _____
(Office) (Exchange)

Dentist's Name: _____

Phone: _____
(Office) (Exchange)

Two relatives or friends that may be contacted in an emergency if I cannot be reached:

_____	_____	_____
(Name)	(Relationship)	(Phone)

_____	_____	_____
(Name)	(Relationship)	(Phone)

In case of medical emergency, I hereby give my permission for the Director to contact my child's physician/dentist if I cannot be reached. If it appears to be necessary, I authorize one of the preschool staff members to take my child to the nearest hospital.

_____	_____
Signature of Parent or Guardian	Date

_____	_____
Signature of Director	Date

Release of Child Authorization

The following people may pick up or receive my child from Preschool.

1. Name: _____ Relationship to Student: _____

Phone: _____ Drivers License #: _____

2. Name: _____ Relationship to Student: _____

Phone: _____ Drivers License #: _____

3. Name: _____ Relationship to Student: _____

Phone: _____ Drivers License #: _____

4. Name: _____ Relationship to Student: _____

Phone: _____ Drivers License #: _____

5. Name: _____ Relationship to Student: _____

Phone: _____ Drivers License #: _____

Your child will not be released to anyone who is not listed on this form. In addition, a photo ID will be required from authorized persons before your child is released to them. If at any time you need to add or delete names from this list, please contact the preschool director.

Signature of Parent or Guardian

Date

Signature of Director

Date

Parent Release Form

Walking Field Trips

I give my permission for my child to participate with Ecumenical Preschool or Parents Morning Out on walking field trips.

_____ Signature of Parent or Guardian	_____ Date
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_____ Signature of Director	_____ Date
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All School Instagram Photos

I give permission for Ecumenical Preschool and Parents Morning Out to take photos of my child and post them on the all school Instagram page.

_____ Signature of Parent or Guardian	_____ Date
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_____ Signature of Director	_____ Date
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Preschool Directory

I give my permission for Ecumenical Preschool and Parents Morning Out to use our families home address/email/cell for the preschool directory to be distributed to all the preschool families.

_____ Signature of Parent or Guardian	_____ Date
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_____ Signature of Director	_____ Date
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Tuition Responsibility

Since Ecumenical Preschool and Parent's Morning Out are non profit organizations and budgets are based on the tuition expected during the year, we must ask that each family sign a commitment in order to operate.

I am responsible for the non-refundable yearly registration fee of \$150.00 required upon enrollment, a supply fee of \$150.00 required the first week of school, and 9 months tuition. Tuition is due the first school day of each month. A \$10 late fee will be assessed after the 10th or the Monday following if the 10th falls on a weekend. No deductions will be made for absences. Two weeks notice is required if a child leaves the program for any reason.

_____ Signature of Parent or Guardian	_____ Date
_____ Signature of Director	_____ Date

Monthly Tuition Costs

2 days a week	\$210 per month
3 days a week	\$285 per month
4 days a week	\$330 per month
5 days a week	\$370 per month