

Mt. Calvary Learning Center
Preschool
688 Dakota Avenue South
Huron, South Dakota 57350
Phone: 605-461-9222

School Year of 2023/2024
Registration Fee: \$25 due at the time of registration

PLEASES Print or Type all information.

Name of Child: _____ Nickname (if any): _____

Birth date: _____ Age by Sept. 1: _____ Gender: M / F ___ Right Handed ___ Left Handed

Please enroll my child in the: ___ Pre-k Mon. - Thurs. (3yr.) 8:00am-11:00am Tuition **\$85/\$75** Church/daycare member
___ Pre-K class Mon–Thurs. (4yr.) 12:30pm-3:30pm Tuition: **\$85/\$75** Church/daycare member

Child lives with: ___ Mother ___ Father ___ Both ___ Other: _____

Please list other children in the family:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Mother (Guardian) Name: _____ Phone: Home _____ Cell _____

Full Address: _____

Mother's Email Address: _____

Mother's Employer: _____ Work Phone: _____ Authorized to pick up: Y / N

Father (Guardian) Name: _____ Phone: Home _____ Cell _____

Full Address: _____

Father's Employer: _____ Work Phone: _____ Authorized to pick up: Y / N

Father's Email Address: _____

Child's Day Care Provider: _____ Phone: _____

Church in which you are an active member. _____

IN CASE OF EMERGENCY: (Other than parent/ Guardian, at least one)

_____ Relationship: _____ Phone: _____ Authorized to pick up: Y / N

_____ Relationship: _____ Phone: _____ Authorized to pick up: Y / N

**Written permission is required if your child is to go with ANYONE other than designated above. WE WILL NOT
RELEASE YOUR CHILD TO SOMEONE NOT AUTHORIZED BY YOU WITHOUT CONFIRMING IT WITH
YOU FIRST.**

Transportation to and from school: ___ Parent ___ People's Transit ___ Other _____

Medical conditions: Please explain any illness or unusual medical conditions that might prevent your child from participating in activities or conditions which the staff should be aware of.

(Please circle all that apply) Asthma Diabetes Seizures other _____

Allergies to medication: _____ Food Allergies: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

My child ___does ___does not drink milk.

Please Share any important information regarding your child which would lead to a better understanding of him/her (toileting problems, recent illnesses, death in the family, new sibling, strong fears, etc.)?

What terms does your child use for toileting? _____

Where did you hear about us? _____

Release Statements:

- Photographs- I give my permission for Mt. Calvary Learning Center to use photographs of my child for newsletters, preschool social media accounts, and the local newspaper.
- Emergencies- In case of the need for emergency treatment, I understand that Mt. Calvary Learning Center will first try to contact parents. If a parent cannot be reached, I hereby authorize the person in charge to call 911. As parent or guardian, I accept responsibility for payment of medical obligations.
- I hereby give permission for emergency medical treatment for my child.

The school will not be responsible for anything that may happen as a result of false information or lack of information given at the time of enrollment.

Parent/ Guardian Signature: _____ **Date:** _____

FIELD TRIP PERMISSION ACKNOWLEDGMENT

My son/daughter, _____, has my permission to participate in the supplemental learning opportunities that Mt. Calvary Learning Center Preschool provides. I understand that these outings may include bus riding or travel by foot. I understand that I will be informed when a field trip is scheduled.

Parents/Guardian's signature: _____ Date: _____

I _____ agree to pay Mt. Calvary Learning Center (MCLC) \$ _____ per month for preschool tuition for my child, _____ for the 2023-2024 School year (September-May). I understand that tuition will be due the 1st of each month and that there will be a late payment fee of \$20 if the tuition is not paid by the 5th of each month.

Registration Fee- I agree to pay a non-refundable registration fee of \$25.00 for each child at the time of registration.

Health requirements- I understand that my child must meet health requirements as set by the South Dakota Department of Social Services. Enrollment is pending receiving a current immunization record for our files prior to attending school.

Copies of your child's **birth certificate** and an **updated immunization record** must be given to add to his/her file.

Mt. Calvary Learning Center Preschool admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.

Parent/ Guardian's Signature: _____ **Date:** _____