



Providence Preschool/MMO

2026-2027 School Year

Registration Packet

Please make sure to complete the entire packet before returning it to the preschool for registration. Packets will be accepted starting Tuesday, February 10th at 10:00am.

Expectations

For all of our programs, we expect children to be meeting basic milestones for their age.

Expectations for children in our MMO Group:

Children are able to communicate using 2-3 word sentences, able to follow 2-step directions, able to be away from mom and dad for at least 3 hours, able to sit for at least 5 minutes and listen to a story. These children are not expected to be potty trained, but showing an interest in a toilet routine.

Goals for our MMO Group: Learning a classroom routine, learning self-help skills such as blowing their nose, washing hands, drinking from an open cup, and the beginning stages of learning to respect toys and taking turns.

Expectations for children in our 3's Program:

Children can verbalize their wants and needs and be understood, they are using 3-4 word sentences, are completely potty trained, want to interact with peers, understand concepts of sharing and taking turns. Are able to manage emotions, show independence, can put on/take off their own jacket, can use a spoon and fork well and can drink from an open cup. Are able to follow directions and can sit in a chair or on the rug for up to 10 minutes listening to a story.

Goals for our 3's Program: Learning a classroom routine, play-based learning of colors and shapes. Uppercase letters are introduced. Will focus heavily on social and emotional growth, building stronger independence, fostering creativity, nurturing curiosity and supporting problem-solving skills.

Expectations for children entering our 4's Program:

These children are able to communicate their wants and needs verbally, and speak in complete sentences. They are completely potty trained, are learning to cooperate with others, can regulate their emotions, can change their behavior depending on where they are (Chapel Time, Recess, Circle Time, or the hallway). These children can hold a pencil or crayon between their fingers instead of in their fist, are able to sit for up to 15 minutes, and can follow 3+ step directions. Most children in this age group know their colors and shapes, and they should confidently count up to 10.

Goals for our children in our 4's Program: Learning a classroom routine, can follow multi-step directions, develop scissor skills, can recognize and attempt to write their first name, understanding that the first letter is capitalized. Can hold a pencil and crayon correctly. Will focus heavily on social and emotional growth, building stronger independence, fostering creativity, nurturing curiosity and supporting problem-solving skills. Introduction of Upper and lower case letters along with phonetic sounds.

I have read the expectations associated with the program I am registering my child for. I agree that my child meets or exceeds these expectations.

Parent/Guardian

Signature: _____ Date: _____

Child's Name: _____



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Parent Questionnaire

To make sure that we are able to support your child and offer the best experience, we request that you fill out this parent questionnaire as accurately as possible. If a question does not apply to your child, please indicate by writing N/A. Please see our expectations for each child group and class. Please make sure to also complete the Registration Form to complete the Registration Packet. Thank you in advance.

Child's Name: _____ DOB: _____

What program are you interested in enrolling your child? _____

What languages do you speak at home?

Please select the word that best describes your child's ability:

Communication Skills

Uses words to express self:	good	average	needs help	N/A
Speaks clearly:	good	average	needs help	N/A
Vocabulary is age-appropriate:	good	average	needs help	N/A
Understands directions:	good	average	needs help	N/A

Behavior and Emotional Development

(if needed, please attach additional pages to completely answer questions)

Does your child have any special habits (thumb-sucking, nail-biting)? If yes, please explain.

Can your child occupy herself/himself, and for how long?

Does your child become frustrated easily? If yes, please explain.

How does your child express frustration?

What makes your child angry, and how does she/he express anger?

What method of discipline do you use with your child? How does she/he respond to it?

How does your child react to new situations?

How does your child react when you leave her/him?

What descriptive words do you use to generally describe your child?

Does your child have any developmental delays? If yes, please explain.

Does your child receive any supportive services? If yes, please explain.

Self Help Skills

Does your child: _____ dress themselves _____ undress themselves _____ button
_____ zip pants/jacket _____ tie shoes

Does your child accept responsibilities willingly? (putting away toys after play, completing household chores, etc.)? If not, please elaborate:

Please sign indicating that you have filled out this questionnaire as accurately as possible and that you have read and understand the expectations for each of our programs.

Parent signature: _____ **Date:** _____

Child's name: _____



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Please make sure to complete the whole packet before returning. A non-refundable registration/supply/curriculum fee is due at time of registration.

Registration fees: MMO program \$140.00, 3's program \$150.00, 4's program \$180.00

Child's Name: _____ DOB: _____

Age: _____ Male: _____ Female: _____

Address: _____

City: _____ State: NC Zip Code: _____ Marital Status of Parents: _____

Preferred Telephone Number to Contact you: _____ Email _____

Address: _____

Father's Name: _____ Phone Number: _____

Address (if different): _____

Occupation: _____ Work Number: _____

Mother's Name: _____ Phone _____

Number: _____ Address (if

different): _____

Occupation: _____ Work Number: _____

Are there any custody concerns: _____ If yes, please include a copy of the court document.

Please List any food or environmental allergies: _____

FOR OFFICE USE ONLY

Date Registration Paid _____ Cash/Check Number _____ Date enrolled _____



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Immunization record up to date? ____ Yes ____ NO

Please attach a copy of up to date record

Name of Child's doctor: _____

Office number: _____ Address: _____

Hospital preference: _____

Emergency Contact information and people allowed to pick up your child

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

Children must be their program age by August 31st to be considered for enrollment. To be considered for our 3's and 4's class, children MUST be fully potty trained.

MMO students attend from 9:15am-12:15pm and 3' and 4's attend 9:15am-1:00pm.

Which of the following programs are you wishing to enroll in:

MMO 2 year old class coming 2 days a week- \$160 a month- **Tues and Thurs** _____

3 year old class coming 3 days a week- \$240 a month- **Tues/Wed/Thurs** _____

4 year old class coming 4 days a week- \$320 a month- **Mon thru Thurs** _____



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~Tuition is due the 1st of each month~

Please sign acknowledging all the information provided is accurate and up to date.

Parent Signature: _____

Child's Name: _____

In the event of an emergency, I hereby authorize the personnel of Providence Preschool to seek medical attention and treatment for my child.

Parent Signature: _____

Food Permission

Food items are often brought into the classroom as part of an instructional activity, snack, or a treat. Please mark one choice:

_____ My child has permission to participate in food activities under the direction of the teacher

_____ My child may not participate in food activities

_____ My child has permission to participate in food activities under the direction of the teacher except the following foods: _____

Parent Signature: _____

*How did you hear about our program?

PROVIDENCE PRESCHOOL AUTHORIZATION FORM

Please sign and return this page to the Preschool Director.

All parents are required to sign the "Providence Preschool Authorization Form" for each of their children acknowledging that they have read our Discipline Policy and the entire Parent Handbook.

Medical Attention

In the event of an emergency, I hereby authorize the personnel of Providence Preschool to seek medical attention and treatment for my child, as defined in the Providence Preschool Parent Handbook.

Photo Use

We do not at any time put any preschool students' photos on Social Media or on our website. At times, however, we do use their photos in the classroom, on bulletin boards, and throughout the church.

_____ Yes, I give permission for my child's photo to be used in the classroom, on bulletin boards, and throughout the church.

_____ No, I do not give permission for my child's photo to be used in the classroom, on bulletin boards, or throughout the church.

Playground and Outside Area

I understand that during outside recess time, preschoolers will play on the playground, pickle ball court, or the grounds outside of the fenced-in area at Providence Presbyterian Church. My child will have adult supervision at all times.

Tuition Payments

I understand that tuition payments are due on the first day of each month. Tuition payments are late after the **10th** day of the month. If payment is received after the 10th day of the month, a late payment must be included.

Please sign and return with the completed Registration Packet indicating that you have read, understood, and agree to all terms and conditions, parent handbook policies, and financial obligations set forth by Providence Preschool.

Parent/Guardian

Signature: _____ Date: _____

Print Name: _____

Child's Name: _____



MEDICAL ACTION PLAN

Permission to Administer Medications

***Only Rescue Medications will be administered at Providence Preschool
and only with a doctor's signature and instructions.***

Child's Name _____ DOB _____

_____ My child has **NO** known allergies or medical conditions that require intervention at preschool.
(if you checked this box, you do not need to fill out any further information. You will still need to sign this form)

_____ My child is allergic to (please specify allergen and reaction)

_____ My child has the following conditions that may require medical intervention while at school (please specify - allergies, asthma, etc.) _____

_____ My child may require the following medications: (Epipen, inhaler, Benadryl, etc.)

This section must be completed by the child's physician if your child requires a rescue medication:

Diagnosis: _____

Reactions to be aware of : _____

Medicine Name: _____

Dosage: _____

Side Effects: _____

Triggers: _____

Recommendations for Preschool to abide by: _____

When to administer medication: _____

When to repeat medicine: _____

Physician's Name Printed: _____

Name Physician's Signature: _____ Date: _____

Practice Name: _____ Practice Phone Number: _____

Signature of Parent: _____ **Date:** _____

I hereby authorize Providence Preschool staff to administer the above medications to my child according to the physician's instructions. I understand that I am responsible for ensuring that medication made available to Providence Preschool is current (not expired) and I will advise Providence Preschool of any changes to this medical action plan.