

**Mary Queen of Peace Preschool
2025-2026**

Child's Name: _____

Birth Date: _____

Monthly Rate

MQP Parishioner

Non-Parishioner

___ \$375.00	___ \$425.00 5 Full-Days	(7:45 am – 2:50pm)	Mon - Fri
___ \$330.00	___ \$375.00 3 Full-Days	(7:45 am – 2:50 pm)	Mon, Wed, Fri
___ \$290.00	___ \$325.00 2 Full-Days	(7:45 am – 2:50 pm)	Tues, Thurs
___ \$275.00	___ \$305.00 5 Half-Days	(7:45 am – 11:00 am)	Mon – Fri
___ \$230.00	___ \$255.00 3 Half-Days	(7:45 am – 11:00 am)	Mon, Wed, Fri
___ \$195.00	___ \$215.00 2 Half-Days	(7:45 am – 11:00 am)	Tues, Thurs

****To be eligible for enrollment for the three-year old class, the child must be three years old by September 1st.***

****All children entering the preschool program must be completely toilet-trained.***

****New Students will start on the first day of the new Academic Quarter.***

A Registration fee of **\$50.00 per child + \$25.00 Tech Fee** (normally \$100.00), is due at the time of registration before **April 11, 2025**. The fee will be **\$100.00 per child + \$25.00 Tech Fee after April 12, 2025 at 3:30pm**. The registration fee will be refunded **only if your child cannot** be accepted into a class. The school reserves the right to cancel a program due to low enrollment.

Tuition

Tuition is paid in 9 monthly installments. The first payment is due in September and the last payment is due in May. Tuition payments are due on the first of every month.

Please answer the following:

_____ I understand that non-payment (no more than 2 months past-due) will result in my child being withdrawn from Mary Queen of Peace Preschool until tuition has been paid in full.

Parent/Guardian Signature: _____ Date: _____

The following must be turned in with registration packet:

- Registration Packet- Fully Completed
- Non-Refundable Registration Fee (The early registration fee is **\$50.00 per child + \$25.00 Tech Fee** (normally \$100.00), due at the time of registration before **April 11, 2025**. The fee will resume at full registration price of **\$100.00 per child + \$25.00 Tech Fee after April 12, 2025 at 3:30pm..**)
- Immunization Record
- Physical (ODJFS 01305 Child Medical Statement for Child Care Form)
The child's Physical/Immunization record must be taken to your physician to be filled out.
This form must be returned to the school before your child is able to attend school.

Dear Parents/Guardians,

We are happy that you have chosen to enroll your child at Mary Queen of Peace Preschool. In this packet you will find all of the necessary papers to register your child for the 2025-2026 school year. Please know that a completed Registration Packet and Paid Registration Fee will ensure a spot for your child for the school year. Mary Queen of Peace Preschool works on a "first come, first serve basis." Should you have any questions while completing this packet, please feel free to contact Me at (216) 741-3685 or brittany.egan@maryqueenofpeaceschool.com.

Peace and Blessings,
Mrs. Brittney Egan
Mary Queen of Peace Preschool Program Coordinator

<u>State Information</u>		
Please Choose One: <ul style="list-style-type: none"><input type="checkbox"/> Native American<input type="checkbox"/> African American<input type="checkbox"/> Hispanic<input type="checkbox"/> Native Hawaiian/Pacific Islands<input type="checkbox"/> White<input type="checkbox"/> 2 or More Races<input type="checkbox"/> Other	Please Choose One: <ul style="list-style-type: none"><input type="checkbox"/> Hispanic/Latino<input type="checkbox"/> Non-Hispanic/ Non-Latino	Please Choose One: <ul style="list-style-type: none"><input type="checkbox"/> Catholic<input type="checkbox"/> Non-Catholic

Emergency/Authorized Pick-Up List

For your child’s protection, please fill out the names of the persons other than yourself authorized to pick up or bring your child to school. Persons given permission to authorize emergency treatment for children who become ill or injured while under school authority, when Parents/Guardians cannot be reached.

Notify us of any changes immediately. Inform persons on this list that they must be prepared to identify themselves to our staff by showing a State ID. Pick up time is promptly at **2:40pm**. Preschool Students are dismissed from the front doors of the school building located on Pearl Road. Adults must be **18 years of age** or older with proper identification. **List parents other than the one signing this form** if they are authorized to pick up. Students will **ONLY** be released to you or those named below.

Name	Relationship	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Please list ANYONE you DO NOT want to pick up your child

<u>Name</u>	<u>Relationship</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Office of Early Learning and School Readiness
**Preschool
Enrollment Form**

Revised 11/30/18

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Student & Family Information

Child's Name _____	Date of Birth _____
Family/Guardian Name _____	Please select 1, 2 or 3 to set call order of phone number used to reach you:
Home Address _____	Cell Phone _____ Call Order <input type="button" value="v"/>
City _____ State _____ Zip _____	Home Phone _____ Call Order <input type="button" value="v"/>
Employer Name _____	Work Phone _____ Call Order <input type="button" value="v"/>
Employer Street Address _____	City _____ State _____ Zip _____

Alternate Family Information:

Family/Guardian Name _____	Please select 1, 2 or 3 to set call order of phone number used to reach you:
Family Street Address _____	Cell Phone _____ Call Order <input type="button" value="v"/>
City _____ State _____ Zip _____	Home Phone _____ Call Order <input type="button" value="v"/>
Employer Name _____	Work Phone _____ Call Order <input type="button" value="v"/>
Employer Street Address _____	City _____ State _____ Zip _____

Section II - Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name _____	Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home _____ Call Order <input type="button" value="v"/>	Home _____ Call Order <input type="button" value="v"/>
Cell _____ Call Order <input type="button" value="v"/>	Cell _____ Call Order <input type="button" value="v"/>
Work _____ Call Order <input type="button" value="v"/>	Work _____ Call Order <input type="button" value="v"/>

List Medical Contacts, In Case Of Emergency:

Physician _____	Dentist _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____

Section III - Child's Health Information

Child's Chronic Medical/Health Needs

Please complete both pages of form

Child's History of Hospitalization:

Child's Disease History:

Child's Allergies/Treatment:

Child's Dietary Needs/Restrictions:

NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE

Child's Medication/s:

Section V - Registration Authorizations

I authorize the following to be listed on the parent roster: My child's name Yes No

Family name Yes No

Phone numbers Yes No

Annual Class Roster: Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

Cell Home Work

Exempt from immunizations because of religious conviction: Yes No

Child immunization records attached: Yes No

Date

Signature of Authorized
Family Member/Guardian

Emergency Medical Authorization

Revised 5/6/2020

This form meets the requirement for Ohio Revised Code Section 3313.712. Programs may use this form or build their own.

Program Name _____

Student Name _____ Phone _____

Address _____

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Other's Name _____ Daytime Phone _____

Name of Relative or Childcare Provider _____

Relationship _____ Daytime Phone _____

Address _____

Emergency Contact¹ #1 _____ Daytime Phone _____

Address _____

Emergency Contact #2 _____ Daytime Phone _____

Address _____

Emergency Contact #3 _____ Daytime Phone _____

Address _____

¹ Emergency contact information is required in accordance with Ohio Administrative Code Rule 3301-37-08 (for preschool programs) and Rule 3301-32-10 (for school aged child care programs).

PART I OR II MUST BE COMPLETED:

PART I - TO GRANT CONSENT I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical specialist _____ Phone _____

Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent/Guardian _____ Date _____

Address _____

PART II - REFUSAL TO CONSENT I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action (written instructions must be completed):

Signature of Parent/Guardian _____ Date _____

Address _____