



# Mount Vernon PRESCHOOL

11220 Nuckols Road · Glen Allen, VA 23059 · (804) 935-0162 · mvbcpreschool.org

## 2020-21 Kindergarten/Elementary Virtual Registration Form

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_M \_\_\_\_F Race \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

Please list all previous daycares or preschools your child has attended: \_\_\_\_\_

### Parents(s)/Guardian(s) Information

Parents Marital Status: \_\_\_\_Single \_\_\_\_Married \_\_\_\_Separated (since \_\_\_\_/\_\_\_\_) \_\_\_\_Divorced (since \_\_\_\_/\_\_\_\_) \_\_\_\_Widowed (since \_\_\_\_/\_\_\_\_)

Child lives with: \_\_\_\_Both Parents \_\_\_\_Father \_\_\_\_Mother \_\_\_\_Other \_\_\_\_\_

Father's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment \_\_\_\_\_

Mother's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment \_\_\_\_\_

### Child's Medical Information

Does your child have any life-threatening allergies? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

Does your child carry an Epi-Pen? ☐ Yes ☐ No *I understand that if I answered 'yes' to my child carrying an Epi-Pen, MVP requires a current allergy action plan and epi-pen to be kept at MVP at all times. This form will be provided to me by MVP and will require the signature of my child's health care provider. (please initial) \_\_\_\_\_*

Please list ALL medical conditions affecting your child \_\_\_\_\_

Was your child born prematurely? ☐ Yes ☐ No If yes, how many weeks? \_\_\_\_\_

Do you have any concerns regarding your child's development? ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

Has your child ever been evaluated by any of the following (check all that apply):

☐ Developmental Pediatrician ☐ Speech Therapist ☐ Occupational Therapist ☐ Physical Therapist

☐ Other (please describe) \_\_\_\_\_

Is your child currently receiving any services for a developmental delay such as speech, physical or occupational therapy? ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

Name of Child \_\_\_\_\_

Emergency Contact Information

The parents listed on the first page of this form will always be the first people contacted in the event of an emergency. However, DSS requires that we have **2 additional emergency contacts** for each child enrolled in MVP. Please give the following information for two people who would assume responsibility for your child in the event of an emergency in which neither parent can be reached. **PLEASE NOTE: Emergency contacts MUST be friends or family members who are in the Richmond area. Please provide complete addresses!**

Emergency Contact 1:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact 2:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

I hereby give permission for my child to leave the MVP with the following persons named below. I understand that it is the responsibility of the parents to notify the MVP, in writing, of any change. Please include child's parents and emergency contacts.

Date	Name	Relationship	Phone#
		Mother	
		Father	
		Emergency Contact #1	
		Emergency Contact #2	

Legal Status of child’s custody: \_\_\_\_Both Parents \_\_\_\_\_Mother \_\_\_\_\_ Father  
List persons NOT AUTHORIZED\* to pickup this child \_\_\_\_\_

*\*We are required to have a copy of legal paperwork on file for a parent not authorized to pickup a child.*  
If there is a separation or divorce custody problem of which the MVP should be aware, please explain. MVP MUST have a copy of any custody orders that prevent a parent from having access to his/her child. \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ X \_\_\_\_\_  
Signature of Parent or Guardian

Name of Child \_\_\_\_\_

Please list the names and ages of siblings \_\_\_\_\_

Please list all experiences your child has had interacting with children outside of family (ex, church nursery, preschool, mother's morning out etc.): \_\_\_\_\_

Please list all experiences your child has had being separated from his/her parents \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

How does your child react to this form of discipline? \_\_\_\_\_

How does your child relate to authority figures? \_\_\_\_\_

How does your child handle disappointment? \_\_\_\_\_

Does your child have any specific fears or phobias? \_\_\_\_\_

What are your child's interests/favorite activities at home? \_\_\_\_\_

What frustrates your child or makes him/her angry? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

Is there anything out of the ordinary that might help us in understanding and working with your child more effectively? (i.e. habits/ behaviors, adoption, new baby, divorce, death, new step parent, etc) \_\_\_\_\_

Based on your child's needs and your expectations of their education, please rank (1 through 4, using each number only once) the following areas in order of importance. 1 is the most important area in which you would like to see your child grow.

\_\_\_\_\_ Academic Development

\_\_\_\_\_ Spiritual Development

\_\_\_\_\_ Physical Development

\_\_\_\_\_ Social Development

Is there any other information/concerns regarding your child that would help us to provide the very best educational experience for your child? \_\_\_\_\_

**Name of Child** \_\_\_\_\_

## Enrollment Options

☐ In-person Kindergarten - 5 year olds (must turn 5 on or before September 20, 2020)

5 days (M-F) (Annual Tuition \$6,300)

☐ Elementary Virtual Classroom - K-5th grades

5 days (M-F) (\$1,375/9 weeks)

Grade student is entering \_\_\_\_\_

### Please check all that apply:

☐ Returning MVP Family (Name (s) of MVP alumni \_\_\_\_\_)

☐ MVBC member

☐ New to MVP\* *\*Please tell us how you heard about MVP.*

☐ Current MVP parent ☐ MVP Alumni parent ☐ Name of person who referred you to MVP \_\_\_\_\_

☐ Drove By ☐ Word of Mouth ☐ MVP Website ☐ MVP Facebook Page ☐ MVBC ☐ Other \_\_\_\_\_

Do you attend a church in the area? ☐ Yes ☐ No If yes, what church? \_\_\_\_\_

Would you be interested in learning more about the ministries of Mount Vernon Baptist Church? ☐ Yes ☐ No

Please read and initial:

\_\_\_\_\_ I understand that by paying my non-refundable Registration Fee (\$200 In-person Kindergarten; \$125 Elementary Virtual) that there is a spot for my child for the 2020-21 school year. I understand that I will receive an Enrollment Contract that is required for enrollment. I understand that if I do not return the Enrollment Contract by the deadline, I will forfeit my spot. I understand that my Registration Fee is not refundable for any circumstances.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Name of Child \_\_\_\_\_