2020-21 Questionnaire

Please list the names and ages of siblings _____

Is your child able to wear underwear (not pull-ups or diapers) for extended periods of time (2-3 hours) without having accidents or being reminded to use the toilet?   ☐ Yes   ☐ No

Is your child able to communicate with someone other than a parent when he/she needs to use the toilet?   ☐ Yes   ☐ No

      If yes, how does your child communicate his/her toileting needs? _____

Can your child independently take care of all of his/her toileting needs?   ☐ All of the time   ☐ Some of the time   ☐ Not at all

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 preschool, 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 preschool experience for your child?_____

Name of Child_____

We have several programs to choose from. Please give your first AND second choice.

Mom's Morning Out ● 18 months (MUST be 18 months by first day of attendance)

☐ 2 days ($2,727/year)   ☐ 3 days ($3,978/year)   ☐ 4 days ($5,175/year)   ☐ 5 days ($6,291/year)

Please check the days you would like to enroll (MVP will notify you if one of your choices is full):

☐ Monday   ☐ Tuesday   ☐ Wednesday   ☐ Thursday   ☐ Friday

Preschool ● 2 year olds (MUST turn 2 on or before September 30, 2020)

☐ 2 days (TTh) (Annual Tuition $2,727)   ☐ 3 days (MWF) (Annual Tuition $3,780)

Preschool ● 3 year olds (MUST turn 3 on or before September 30, 2020)

☐ 2 days (TTh) (Annual Tuition $2,277)   ☐ 3 days (MWF) (Annual Tuition $3,240)

☐ 3 days (TThF) (Annual Tuition $3,240)   ☐ 5 days (M-F) (Annual Tuition $5,031)

Preschool ● 4 year olds (MUST turn 4 on or before September 30, 2020)

☐ 3 days (MWF) (Annual Tuition $3,240)   ☐ 4 days (T-F)   (Annual Tuition $4,104)

☐ 5 days (M-F) (Annual Tuition $5,031)

Preschool ● 5 year olds (MUST turn 5 on or before September 30, 2020)

☐ 5 days (M-F) (Annual Tuition $5,031)

Please tell us a little about your child and your expectations for preschool for us to use during class placement.
Please DO NOT request a specific teacher for your child.

_____

_____

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 $125 non-refundable Registration Fee 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_____