



MOORINGS PRESBYTERIAN PRESCHOOL REGISTRATION FORM



SCHOOL YEAR 2027/28

- | | | |
|---|--|---|
| <input type="checkbox"/> 5 Day/18m-24m - (M-F) | <input type="checkbox"/> 3 Day/18m-24m - (M/T/W) | <input type="checkbox"/> 2 Day/18m-24m - (Th/F) |
| <input type="checkbox"/> 5 Day/2 Year Olds - (M-F) | <input type="checkbox"/> 3 Day/2 Year Olds - (M/T/W) | <input type="checkbox"/> 2 Day/2 Year Olds - (Th/F) |
| <input type="checkbox"/> 5 Day/3 Year Olds - (M-F) | <input type="checkbox"/> 3 Day/3 Year Olds - (M/T/W) | <input type="checkbox"/> 2 Day/3 Year Olds - (Th/F) |
| <input type="checkbox"/> 5 Day/4 Year Olds - (VPK) or (non-VPK) | <input type="checkbox"/> 5 Day/Kinder - (M-F) 8:30am-1:00pm (only) | Aftercare Needed-
<input type="checkbox"/> 5 days <input type="checkbox"/> 3 days <input type="checkbox"/> 2 days |

Student Information - (Please Print Clearly)

First Name: Wylie Taylor Last Name: Pearson

Sex: **Male** Female Date of Birth: May 2026

Current Address-

Address: 2555 14th St. N
 City: Naples State: FL Zip: 34103

Parent Information-

Mother

Father

Name:	Name: W.T.
Cell Phone: 239-784-0933	Cell Phone: 239-580-7707
Work Phone: same	Work Phone: same
Email address: amanda@amanda-pearson.com	Email Address: wt@premiermail.net
Employer: Self	Employer: Self

Emergency Contact & Pick-ups

Allowed Pick-Up

(1) Name: Kathy Camisa	Cell Phone: _____	Child Relation: _____	Y	N
(2) Name: _____	Cell Phone: _____	Child Relation: _____	Y	N
(3) Name: _____	Cell Phone: _____	Child Relation: _____	Y	N

Additional Information-

Special Requirements/Allergies: _____

Has this child ever been referred to for testing of any kind or participated in therapy? (Speech, OT, etc.)

N Y If yes: please describe: _____

Circle One:

With whom does the child resides with: Both Parents Just Mom Just Dad other: _____

Who has custodial rights of this child: Both Parents Just Mom Just Dad other: _____

Please list previous preschool experience if any: _____

Siblings-

Name	Ages
_____	_____
_____	_____
_____	_____

Permission to list email & phone in class directory? Y N

Permission to list email & phone in school directory? Y N

Additional Parent Information-

Are you a Moorings Church member? _____

If so, have you been members for 6 months prior to application? _____

Any other concerns that you would like us to be aware of: (list below)

REGISTRATION FEE AGREEMENT FOR ALL STUDENTS-

I acknowledge and understand that to complete this registration, a **non-refundable fee of \$350** is required. This fee will be **retained in full**, regardless of my decision to accept or decline the space offered for my child. Furthermore, I understand that **no reduction, refund, or release from payment** will be granted for **absences, withdrawals, or dismissals** for any reason.

Parent Signature: _____ **Parent Print:** _____

Date: _____

Section 7.1 and 7.2, of the Child Care Facility Handbook, requires a current physical examination (Form 3040) within **30** days of enrollment.

Section 7.3 of the Child Care Facility Handbook, requires that parents receive a copy of the **“MPP Parent Handbook”** And return the last page signed and dated upon starting the new school year. (CF/PI 175-24)

Section 2.8 of the MPP Parent Handbook requires that parents are notified in writing of the disciplinary practices and dismissal policy used by the preschool facility.

By signing below, I verify that I have received the above items and that all information on this enrollment form is complete and accurate. I hereby grant permission for **MPP** personnel to have access to my child’s records.

_____	_____
Signature of Parent/Guardian	Date
_____	_____
Print of Parent/Guardian	Date
_____	_____

FOR OFFICE USE ONLY

Cash Amt Received: _____ Date: _____

Check #: _____ Amt: _____ Date: _____

\$350 Non-refundable Registration Fee received: _____

First month’s tuition received: _____



PARENTAL CONSENT- PHOTO RELEASE FORM

Please fill out and sign the appropriate statement to either give or to decline permission to use pictures of you or your child on the church/preschool website or Facebook page and/or for other church/preschool publicity. Please return this form to the Preschool Office.

To GRANT permission to use your child's pictures:

I, _____ (Please print your name) **GRANT** permission for Moorings Presbyterian Church Preschool to publish pictures of my child, _____ (Please print child's name), as well as my own image on the church/preschool's website, Facebook page or in the church/preschool press releases, publicity information, newsletters or bulletins, and/or audio recordings. I further state that I have the right to give this permission as I am the child's parent or legal guardian. I understand that if I give notice to Moorings Presbyterian Church Preschool that I object to any particular picture on the website, it will be removed as soon as possible.

SIGNED: _____ **Dated:** _____

Publication of these photos may include names for identification purposes unless I sign here that I **DO NOT** give permission for names to be used.

SIGNED: _____ **Dated:** _____

SIGN ABOVE OR BELOW (NOT BOTH)

To REFUSE permission to use your child's pictures:

I, _____ (Please print your name) **REFUSE** to grant permission for Moorings Presbyterian Church Preschool to publish pictures of my child, _____ (Please print child's name), as well as my own image on the church preschool website, Facebook page or in press releases, publicity information, newsletters or bulletins and/or audio recordings. I further state that I have the right to give this permission as I am the child's parent or legal guardian.

SIGNED: _____ **Dated:** _____



Policy for Discipline

Moorings Presbyterian Preschool believes that it is very important to a child's development that he or she be nurtured through caring, patience, and understanding. We teach our students to make appropriate choices that are fair and considerate to everyone. With the use of consistent expectations and rules for behavior and conduct, both personally and in a group setting, students will learn basic human values such as respect, trust, honesty and caring. We will reinforce and repeat these rules often in a multitude of settings. When conflicts arise among students, we will work with the students to think and talk through the conflict to reach a desirable outcome for all involved. Should students need assistance with verbalization during this process, staff will provide appropriate language.

At MPP, We Practice These Kind and Respectful Behaviors:

- We are kind and respectful to others
- We take care of things like books, toys, and classroom tools
- We use kind hands to help, give gentle hugs, **but not for hurting**
- We use kind words to speak gently and nicely
- We use our listening ears to hear and follow directions

The list below outlines the techniques to help Support Positive Behavior in Children:

- Anticipate potential issues and take proactive steps to limit problematic behaviors
- Gently remind children of appropriate behaviors
- Use positive reinforcement to encourage desired behaviors
- Model appropriate behavior in a positive and consistent manner
- Offer acceptable and realistic alternative choices
- Acknowledge and compliment positive behaviors
- Clearly communicate messages, rules, and expectations
- Help children understand the natural or logical consequences of their actions
- Provide time and space for the child to refocus through quiet, individual activities
- Provide love and emotional support when needed
- Involve the Director in discussions when necessary

Guidance for Managing Aggressive Behaviors

At MPP, we understand that for many children, this may be their very first experience in a group social setting. It's completely normal at this age for children to be learning how to express their feelings and interact with others—and sometimes, this can include challenging behaviors such as *hitting, biting, or pinching*.

When a child engages in behavior that hurts another child or staff member, we take the following steps to ensure safety, learning, and support:

1. First Warning:

The child will be gently told that the behavior was not appropriate, along with a simple explanation of why it is hurtful. They will be reminded of better choices and informed that a repeat of the behavior will result in time apart from others.

2. Second Offense:

The child will be given a short time apart from the class or activity to calm down and reflect in a quiet, supervised area.

3. **Documentation & Communication:**

Every incident will be documented and will require parent or guardian acknowledgment. Open and ongoing communication is key to helping the child succeed.

4. **Family Collaboration:**

A teacher may request a meeting with the child’s parents or guardians to discuss the behavior and to partner on strategies for reinforcing positive behavior both at school and at home.

5. **Additional Support (if needed):**

If appropriate, we may recommend the involvement of outside specialists such as a speech therapist, occupational therapist, or behavioral therapist to help address any underlying developmental needs.

Our goal is to support each child with love, patience, and understanding as they learn to navigate their emotions and relationships with others. MPP administration will make every attempt to follow the policy as outlined; *however*, in cases where the severity of behaviors creates an unsafe and/or disruptive environment for students, staff, and/or the school, we may take more direct action, which may include immediate dismissal (***please reference the Dismissal Policy***).

We (I) have read the above Policy for Discipline and hereby agree with the rules:

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

Student’s Name: _____

*Policy can be amended at the will of the Preschool or the Church. Each family shall be provided with a copy of any revisions. Any revisions shall supersede all previously published policies.



Information and Annual Liability Release Form



Valid from June 1, 20 ____ to July 31, 20 ____

Child full/legal Name: _____

Child Health Information: Physician: _____ Phone: _____

If child **does not** have medical insurance, check here _____

If child is insured, complete the following information:

Name of Insured: _____ Group/Policy Number: _____

Insurance Company: _____ Phone: _____

Circle all condition(s) relevant to your child, then on the lines below offer any necessary explanation (attach additional pages if needed):

- | | | |
|-------------------|--|--|
| A.D.D. / A.D.H.D. | Medication Allergies | Chronic Illness or ongoing medical condition |
| Asthma | Food Allergies | Under the care of a mental health professional |
| Bedwetting | Diabetes | Operations or serious injuries |
| Fainting | Eating Disorder | Skin problems (acne, rash, other) |
| Seizures | Heart problems | Taking medication (ongoing only – list meds) |
| Sleepwalking | Back Problems | Any special condition that limits physical activity |
| Joint problems | Recent broken bones or frequent broken bones | |

Other: _____

Liability Release

We (I), in consideration of our child attending Moorings Presbyterian Church and/or Preschool activities and being under the age of 21, do hereby release, forever discharge and agree to hold harmless Moorings Presbyterian Church and/or Preschool and the directors thereof from any and all liability, claims of demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in Moorings Presbyterian Church and/or Preschool trips and activities.

Furthermore, we (I) [and on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and related activities involved therein. Further, authorization and permission is hereby given to said church/preschool to furnish any necessary transportation, food and lodging for this child.

The undersigned further hereby agree to hold harmless and indemnify said church and/or preschool, its directors, employees and agents, for any liability sustained by said church/preschool as a result of negligent, willful or intentional acts of said child, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this child, and hereby grant our (my) permission for her/him to participate fully in Moorings Presbyterian Preschool and Church, and hereby give our (my) permission to take said child to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills and related expenses, if any.

We (I) agree to allow our (my) child to participate in neighborhood walks. I understand that I may withdraw my permission for a walk if I so desire. We (I) grant permission for my child to participate in the activities and in the use of the equipment at the Preschool.

Both parents must sign. If divorced or separated, custodial parent or legal guardian must sign. This form is valid June 1, 20____ through July 31, 20____.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Information update or revocation of this document is the responsibility of the parent or guardian and must be received in writing at Moorings Presbyterian Church, 791 Harbour Drive Naples, FL, 34103



Tuition Rates 2026 -2027



A **non-refundable**, one-time registration fee of \$350 per child applies to all ages and classes.

18 months - 24 months:

(Children age 18 months by September 1 of the given school year)

Five (5) Days (M-F):

Yearly: \$6,120 Monthly: \$680

Three (3) Days (M/T/W):

Yearly: \$4,725 Monthly: \$525

Two (2) Days (Thurs. & Fri.):

Yearly: \$3,825 Monthly: \$425

2-Year-Olds:

(Children age 24 months by September 1 of the given school year)

Five (5) Days: (M-F):

Yearly: \$6,750 Monthly: \$750

Three (3) Days: (M/T/W):

Yearly: \$4,572 Monthly: \$508

Two (2) Days: (Thurs. & Fri.):

Yearly: \$3,690 Monthly: \$410

3-Year-Olds:

(Children age 3 years by September 1 of given school year and **MUST** be fully toilet trained)

Five (5) Days: (M-F)

Yearly: \$6,633 Monthly: \$737

Three (3) Days: (M/T/W):

Yearly: \$4,455 Monthly: \$495

Two (2) Days: (Thurs. & Fri.):

Yearly: \$3,555 Monthly: \$395

4-Year-Olds:

(Children age 4 or 5 years by September 1 of given school year)

Five (5) Days: (M-F) -NON VPK

Yearly: \$6,750 Monthly: \$750

Five (5) Days: (M-F) – VPK for 3 hours

A wraparound fee of \$125 a month

Kindergarten:

(Children age 5 or 6 years by September 1 of given school year)

Five (5) Days: (M-F) – 8:30am-1:00pm (Only)

Yearly: \$7,650 Monthly: \$850

Aftercare:

This will be an additional monthly fee. (No refunds for days not taken on your scheduled day).

Five (5) Days: \$450

Three (3) Days: \$350

Two (2) Days: \$250

Aftercare Daily Schedule:

- **12:30–1:00 PM** – Outside Play & Bathroom Break
- **1:00–2:15 PM** – Rest/Nap Time
- **2:15–2:45 PM** – Pack-up, Bathroom, and pm Snack
- **2:45–3:30 PM** – Craft, Project, or Worksheet
- **3:30–4:00 PM** – Outside or Inside Free Play

What to Bring:

- A nap bag (preferably roll-up style)
- A small comfort item, if needed (e.g., a lovey or soft toy)
- A labeled pm snack for your child
- Extra set of clothes in a labeled ziplock bag

Aftercare is until 4:00pm-After 4:00pm you will be charged a late fee of \$5.00 every 10 minutes.

If you have any questions or need help with enrollment, please feel free to reach out to me anytime at dbyrnes@mooringschurch.org or (239) 213-5250. I'm always happy to help!

Thank you so much and have a blessed day!