For School Records

MT. EDGECUMBE PRESCHOOL ENROLLMENT FORM 2026-27

Child's Name _____ Birth Date _____

Preferred First Name at School _____ Current Age of Child _____

Parent Name_____	Parent Name_____
Parent DOB/SSN_____	Parent DOB/SSN_____
Home Address_____	Home Address_____
Mailing Address_____	Mailing Address_____
Phone: Home_____	Phone: Home_____
Work_____Cell _____	Work_____Cell_____
May we contact you by text msg? ☐ **Y** ☐ **N**	May we contact you by text msg? ☐ **Y** ☐ **N**
Email address_____	Email address_____
Work location_____	Work location_____

Brothers & Sisters (names and ages):_____

Please help us to know your child by sharing your observations, concerns, and suggestions:

My child's special talents, favorite things to do….

Things my child needs help with or avoids…

Things we like to do together as a family…

Has your child been in daycare or other preschool settings? What was it like?

Questions or concerns I have about my child…

What do you hope your child will experience here?

Who are the people in our family?

Is there other information about your family or child which you feel might be helpful for the staff to know?
(other languages spoken, parents living in separate households, custody arrangements, pets, fears, etc.)

PARENT AUTHORIZATION & PERMISSION

ACTIVITIES & FIELD TRIP PERMISSION

Teachers take children on a number of outdoor activities & adventures. They visit beaches, Totem Park, Halibut Point Recreation area, the Science Center, the community playground, Castle Hill & many other places.

☐ My child_____has my permission to participate in all programmed activities for the 2026-27 school year, including field trips, while he/she is attending Mt. Edgecumbe Preschool.

BUS PERMISSION

☐ My child_____has my permission to ride in the preschool bus for Mt Edgecumbe Preschool sponsored activities for the 2026-27 school year.

PHOTO PERMISSION

Mt. Edgecumbe Preschool staff take photos every week of their class activities, adventures & interactions in the classroom. These photos are posted for parents on the Remini App class page.

☐ I give permission for photos of my child_____to be used in this manner.

Photos of children are occasionally used in preschool promotional and/or advertising materials, including the preschool website and social media. Children are not identified by full name and most often not named at all.

☐ Please do not use photos of my child outside of the parent & class communication Remini App.

PARENT HANDBOOK

☐ Mt. Edgecumbe Preschool provided a 2026-27 school year Parent Handbook outlining the school and facility policies for my review.

Date _____ **Signed** _____
Parent or Guardian

Date _____ **Signed** _____
Parent or Guardian

MT. EDGECUMBE PRESCHOOL TUITION CONTRACT 2026-2027

REGISTRATION FEE: A $40.00 registration fee per family per year is due at the time of initial registration & refundable only if a registration is cancelled before August 1.

CLASS SCHEDULE	TUITION RATES 4 days/wk
Total School Year Preschool Class Tuition	$ 4,032.00
Monthly Installments:	
Morning (8:30-11:30am) or Afternoon Class (1:00-4:00pm)	$ 448.00
Extended Schedule Options - limited availability	
Morning + Lunch Bunch (8:30am-1:00pm)	$ 667.00
Morning + Early Start + Lunch Bunch (8:00am-1:00pm)	$ 740.00
Full Day + Early Start (8:00am-4:00pm)	$ 1,188.00
Full Day (8:30am-4:00pm)	$ 1,114.00
Friday School (8:30am-11:30am) *4yr old requirement*	$ 134.00

TUITION POLICY:

- Last Month's Tuition is due prior to attendance. Tuition thereafter is payable the first day of each month or in a lump sum for the school year. Exceptions can only be made when a parent notifies the preschool office and makes payment arrangements.
- Exceptions to payment cannot be made for absence. Parents anticipating an extended absence may choose to withdraw the child.
- Two weeks' notification is required to withdraw a child from school or to reduce scheduled attendance. There will be no May Tuition refunds for a child leaving the program after March 1. This requirement may be waived in the case of medical emergency or extended illness.
- The entire school may close for a public health emergency or natural disaster by government order or at the direction of the MEPS Board or the Executive Director. In this case, parents will continue to be charged tuition for a closure of two weeks or less, or for the first two weeks of an extended closure. Pre-paid tuition will be fully refunded beginning the third week of the closure. Refunds will be calculated on a daily equivalent rate.
- Individual classes may close in the case of inclement weather or teacher absence when a qualified substitute is not available. In such cases, parents will continue to be charged tuition for up to three teacher absences in a school year. Additional class closures beyond three total days in a school year; tuition will be refunded on a prorated basis.
- If tuition payment has not been received or satisfactory payment arrangements have not been made within the month tuition is due, the child will not be able to attend preschool the following month.
- The signer of this contract is responsible for any tuition, fees, or co-pays not covered by Child Care Assistance, scholarships, or any other tuition assistance programs.
- Payments can be made by Credit/Debit Card, Cash or Check. Address tuition checks to Mt. Edgecumbe Preschool, deliver to the school or mailed to: Mt. Edgecumbe Preschool, 129 Seward St., Sitka, AK 99835

You strengthen the preschool program by making prompt tuition payments on or before the 1st of every month.

I, _____ _____ agree to the policies stated in this 2026-27
(Parent or Guardian 1) *(Parent or Guardian 2)*

School Year Tuition Contract with Mt. Edgecumbe Preschool for my child _____

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM
for Mt. Edgecumbe Preschool, Inc.

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (To be completed by merchant)

Customer/Child Account Name: _____

Parent/Custodian Name: _____

Phone: _____

Payment Information

I authorize Mt. Edgecumbe Preschool, Inc. to automatically bill the card listed below as specified:

Amount: $ _____

Frequency: Weekly Bi-Monthly Monthly Semi-Annually Annually

Start Billing: ____/____/____

Contract Expires _____

End Billing: _____

Customer Provides Written Cancellation

Mt. Edgecumbe Preschool, Inc. accepts the following credit cards: **Visa, MasterCard, Discover**

Credit Card Information

Credit Card Type: _____

Expires: _____

Credit Card Number: _____

Cardholder's Name: _____
(as shown on credit card)

Cardholder's Zip Code (required): _____
(from credit card billing address)

Cardholder's Mailing Address _____
(from credit card billing address)

Cardholders's City & State _____
(from credit card billing address)

Customer's Signature: _____

Date: _____

CHILD CARE LICENSING AND CHILD CARE ASSISTANCE PROGRAMS
Child Care Program Office

CHILD EMERGENCY INFORMATION

Items indicated with an * are required by Child Care Licensing regulations 7 AAC 57, Medical Administration regulations 7 AAC 10.1070, and/or Child Care Assistance regulations 7 AAC 41.

CHILD'S INFORMATION

*Child's Name:	*Date of Birth:
Siblings Enrolled? ☐ Yes ☐ No Name(s):	Any Custody Arrangements/Restrictions ☐ Yes ☐ No Special Instructions/Comments:

PARENT(S) OR LEGAL GUARDIAN(S) INFORMATION

*Name:	*Relationship:	Name:	Relationship:
*Cell Phone: Email Address:	*Home Phone:	Cell Phone: Email Address:	Home Phone:
Physical Home Address:		Physical Home Address:	
Place of Employment/Other:		Place of Employment/Other:	
*Employment or Other Main Phone:		Employment or Other Main Phone:	

PERSONS AUTHORIZED TO PICK-UP CHILD

List the names and phone numbers of persons who can pick up your child. You must include at least one name and phone number of an individual who can assume responsibility for your child if you cannot be reached immediately in an emergency. Clarify whether these individuals can pick up the child in emergency situations and/ or at other routine times.

Name:	Daytime Phone:	Cell:	☒ Emergency ☐ Routine
Name:	Daytime Phone:	Cell:	☐ Emergency ☐ Routine
Name:	Daytime Phone:	Cell:	☐ Emergency ☐ Routine
Name:	Daytime Phone:	Cell:	☐ Emergency ☐ Routine

CHILD CARE LICENSING AND CHILD CARE ASSISTANCE PROGRAMS
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MEDICAL INFORMATION AND RELEASE FOR MEDICAL CARE

Items indicated with an * are required by Child Care Licensing regulations 7 AAC 57, Medical Administration regulations 7 AAC 10.1070, and/or Child Care Assistance regulations 7 AAC 41.

Child's Name:	Child Care Facility: Mt. Edgecumbe Preschool

*Health Concerns

☐ My child has no health concerns, including allergies or medications

-OR-

☐ My child has the following health concerns:

Medication, medical, or other treatments: _____

Allergies (including foods, drugs, others): _____

Additional Needs/Concerns (ex: dietary, health related services, special needs, behaviors) _____

Medication Administration Authorization Form on File (if applicable): ☐ Yes ☐ No

PREFERRED PHYSICIAN AND MEDICAL FACILITY INFORMATION

*Physician's Name:	Physician's Phone:
*Preferred Hospital: SEARHC	

I verify the information contained on this record is correct and complete. I hereby give the permission for emergency medical treatment, including emergency transportation to a health care facility, for my child. I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible, and that I will assume the costs associated with emergency medical care/transportation, if needed. I also understand it is my obligation to keep my child care provider informed of my whereabouts. This authorization remains valid until revoked by myself.

* _____ * _____

Signature of Parent or Legal Guardian — Date Signed

*This information must be reviewed and updated by the child's parent at least semi-annually and when new information becomes available.

Date & Initial		Date & Initial		Date & Initial		Date & Initial		Date & Initial	

EXPULSION POLICY

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

Mt. Edgecumbe Preschool reserves the right to deny attendance in our program either on a short term or permanent basis. We will do everything possible to work with the child and family in order to prevent this policy from being enforced. **Possible reasons for expulsion of a child from the program include:**

PARENTAL ACTIONS

- Failure to pay/habitual lateness in payment.
- Failure to complete required forms including the child's immunization records.
- Verbal or physical abuse of staff, students or other parents.
- Threatening staff members.

CHILD ACTIONS

- Inability of child to adjust after a reasonable amount of time.
- Inability of child to follow basic rules for health and safety.
- Frequent, uncontrollable and prolonged tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.

When a child is exhibiting behavior that could lead to expulsion:

- Parent/guardian will be notified.
- Staff will evaluate behavior support strategies, ensure that school policies and philosophy are being followed, and modify if needed.
- Staff will address and respond to the behavior with the goal of supporting the development of self-regulation in the child.
- Child's behavior will be documented and maintained in confidentiality.
- Staff may provide parent/guardian with parenting resources.
- Staff may recommend further professional evaluation of the child.

SCHEDULE OF EXPULSION

- If remedial actions fail and the staff determines that expulsion is necessary, the child's parent/guardian will be advised verbally and in writing.
- The parent/guardian will be informed regarding the length of the expulsion.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child to return to the school.

A CHILD WILL <u>NOT</u> BE EXPELLED

- If child's parents:
  - Made a complaint to the Office of Licensing regarding a school's alleged violation of the licensing requirements.
  - Reported abuse or neglect occurring at the school.
  - Questioned the school regarding policies and procedures.
- Without giving the parent reasonable time to make other child care arrangements.

PARENT VOLUNTEER LIST

Parent involvement is essential for a quality preschool program. Please indicate how you can help. Mark all you are interested in:

- ◯ 1. Join the Board of Directors with other parents & alumni parents
- ◯ 2. Take preschool recycling as needed
- ◯ 3. Help maintain the preschool building (painting, repairs, special projects, etc.)
- ◯ 4. Build or repair toys, equipment, or furniture
- ◯ 5. Add a fish or two to our fish tank or improve the tank equipment
- ◯ 6. Help with field trips or special projects
- ◯ 7. Share special interests with the children. Some examples: musical instruments, singing, special hobbies, storytelling, your job, your pet, art projects, magic tricks!

  Your special interest: _____
- ◯ 8. Repair or make dress-up and doll clothes
- ◯ 9. Help with fundraisers such as the Winter Wreath & Garland Sale, the Spring Pansy Sale or total receipts for the AC Lakeside 1% Donation Program
- ◯ 10. Help with scholarship fundraising
- ◯ 11. Make a donation of money or equipment
- ◯ 12. Be a Parent Helper in the classroom
- ◯ 13. Other: _____

Parent's Student Enrollment Check-Off List:

- ☐ Completed Enrollment Forms Packet
- ☐ Emergency Card Completed or Updated & Initialed
- ☐ Immunization Records Submitted
- ☐ Registration Fee Paid
- ☐ Tuition – 1st and Last Month Paid
- ☐ Bring in Spare Clothes
- ☐ Receive Book Club Card