



2024-2025 My Morning Out
 Orange Presbyterian Weekday School
preschool@orangepc.org
 540-672-4240

My Morning Out is open to children age 3-36 months. This program offers flexible childcare with monthly enrollment opportunities as well as pay-by-the-day childcare. Annual registration is required before signing up. Registrations are accepted on a rolling basis.

Annual registration requires submitting the following

- Completed Registration Form
- Health Form/Immunization Records
- Proof of Identification (Birth Certificate or Passport)
- Registration fee of \$20 (Registration is non refundable)

CHILD INFORMATION

Child's Full Name _____

Preferred Name _____ Birthdate_____/ ____/ _____ Male / Female

Primary Phone _____ Primary Email _____

Home Address _____

City_____ State _____ Zip _____

Registration Fee: \$20	Registration fee is due at the time of registration and is nonrefundable. Tuition is due on the first of each month (September - May)
# OF DAYS/WEEK	TUITION RATES
<input type="checkbox"/> 2 Days	\$160/ month
<input type="checkbox"/> 3 Days	\$240/ month
<input type="checkbox"/> 4 Days	\$320/ month
<input type="checkbox"/> 5 Days	\$400/ month
<input type="checkbox"/> Pay by the Day	\$25/ day*
* Families paying a monthly tuition rate may add days "as-needed" for \$20/ day	

Each day, please pack for your children

- 2 Complete changes of clothing
- Diapers (if necessary)
- Snack (children who are able will sit together for snack time mid-morning)
- Water Bottle/cup
- Milk/formula bottle and feeding instructions

FAMILY INFORMATION

Mother's Name _____ Father's Name _____

Mother's Phone _____ Father's Phone _____

Mother's Employer _____ Father's Employer _____

Mother's Work Phone _____ Father's Work Phone _____

Legal Custody: Both Parent/ Other _____ Parents: Married / Divorced / Other

Other's living with the student (please include names and ages of other children)

Emergency Contact (if parents cannot be reached) _____

Previous experience in preschool or day care _____

Name of those transporting child to school _____

Is there anyone unauthorized to transport your child? _____

Physician Name _____ Physician Phone _____

Has your child had a physical within the last year? Yes / No

Please list any allergies, health concerns, or physical limitations _____

List your child's diapering/toileting needs _____

List your child's feeding needs (ex: bottle at 10am) _____

Please share any other information you feel would be helpful for us to know about your child.
