



# Mount Vernon PRESCHOOL

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

## 2026-27 Preschool/Kindergarten Registration Form

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

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? \_\_\_\_\_

Does your child: Speak English? No \_\_\_\_ Some \_\_\_\_ Fluent \_\_\_\_ Understand English? No \_\_\_\_ Some \_\_\_\_ Fluent \_\_\_\_

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

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

Parents Marital Status \_\_\_\_Single \_\_\_\_Married \_\_\_\_Separated \_\_\_\_Divorced \_\_\_\_Widowed

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

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

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

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

Name of Employer \_\_\_\_\_

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

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

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

Name of Employer \_\_\_\_\_

### 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, Virginia DOE 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 MVP with the following persons named below. I understand that it is the responsibility of the parents to notify 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 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. \_\_\_\_\_

\_\_\_\_\_

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

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 (i.e. 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

Please tell us a little about your child and your expectations for preschool for us to use during class placement.

\_\_\_\_\_  
\_\_\_\_\_

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

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

**Preschool • 2 year olds (MUST turn 2 on or before September 30, 2026)**

- ☐ 2 days (TTh) (Annual Tuition \$3,300)      ☐ 3 days (MWF) (Annual Tuition \$4,400)
- ☐ 5 days (M-F) (Annual Tuition \$7,400)

**Preschool • 3 year olds (MUST turn 3 on or before September 30, 2026)**

- ☐ 3 days (MWF) (Annual Tuition \$3,900)      ☐ 3 days (TThF) (Annual Tuition \$3,900)
- ☐ 5 days (M-F) (Annual Tuition \$5,900)

**Preschool • 4 year olds (MUST turn 4 on or before September 30, 2026)**

- ☐ 3 days (MWF) (Annual Tuition \$3,900)      ☐ 4 days (T-F) (Annual Tuition \$4,900)
- ☐ 5 days (M-F) (Annual Tuition \$5,900)

**Preschool • 5 year olds (MUST turn 5 on or before September 30, 2026)**

- ☐ 5 days (M-F) (Annual Tuition \$5,900)

**Kindergarten • 5 year olds (MUST turn 5 on or before September 30, 2026)**

- ☐ 5 days (M-F) (Annual Tuition \$6,500)

**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 \_\_\_\_\_
- ☐ Word of Mouth   ☐ MVP Website   ☐ MVP Social Media   ☐ 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 (\$150—Preschool, \$200 —Kindergarten) my child is registered for the 2026-27 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 child's class placement. I understand that my Registration Fee is not refundable for any circumstance.

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

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