



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 _____