

16870 Murphy Avenue  
Morgan Hill, CA 95037  
**Mailing Address**  
**P.O. BOX 607**  
**Morgan Hill, CA 95038**  
408-779-4515



**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**FEES RECEIVED**

CHECK# \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**2022 – 2023**

**Toddler & Me Class**  
**Enrollment Form**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age (by Feb 1, 2023): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*(If different from above)*

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*(If different from above)*

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ Email Address: \_\_\_\_\_

**TODDLER & ME**

15-23 Months(1 day per week)

**DAY**

Wednesday

**TIME**

3:30 pm - 5:00 pm

**TUITION**

\$ 70.00 monthly

How did you hear about us? Friend \_\_\_\_ Website \_\_\_\_ Other (Please specify: \_\_\_\_\_)

**Please return your completed enrollment form (parent agreement, child information sheet, and immunization form) with \$25 enrollment/material fee to secure your child's place. Checks should be made payable to MHPCNS.**

Parent Signature: \_\_\_\_\_

*MHPCNS does not discriminate on the basis of race, color, national or ethnic origin in administration of our education policies, admission policies, scholarship and loan programs and athletic and other school administered program.*



## **MHPCNS Toddler & Me Parent Agreement**

Our 1-day Toddler & Me program is intended to introduce preschool to children as young as fifteen months old. Another goal of this class is to introduce parents to the parent cooperative school environment. Class is held on Wednesdays (excluding school holidays) from 3:30pm until 5:00pm. We follow the Morgan Hill Unified School District holiday calendar. Class will not take place on the weeks our school is on break. Our Toddler & Me program runs from February 1, 2023 to May 31, 2023.

To further help families of this class become a part of the MHPCNS community, the teacher will invite the class participants to school-wide field trips and events.

### **A. Participation Requirements:**

1. Children must be 15 – 23 months to enroll in the program. At this time, no siblings are allowed during our class time.
2. Family is to complete an enrollment form, and pay the \$25.00 non-refundable enrollment/materials fee. We ask that families with multiple children fill out an application for each child. The \$25.00 enrollment/material fee is per family.
3. Family is to complete and turn in the Enrollment Form, Parent Agreement, Immunization Form, and Photo/Video Release Form to the teacher or director before starting class.
4. Family is to pay monthly tuition of \$70.00 on the first Wednesday of every month. Please indicate your child's name and class in the notes section of your check. Checks can be made out to MHPCNS.
5. Participating parent is required to stay the duration of the class. This is not a drop-off program.
6. Participating parents will help with clean-up of a "station" during class.

By signing below, I am acknowledging that I have read and understood the requirements listed above.

Parent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Enrolled Child's Name: \_\_\_\_\_

**MHPCNS Toddler & Me**  
**Immunization& Health Form**

Dear Parent or Guardian:

In order to comply with California school immunization laws and to provide a healthy and safe environment for the children in the 1-Day program, please indicate below the dates of your child's immunizations (print out of immunizations is ok).

**Child's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Food or Medication Allergies:** \_\_\_\_\_

**Polio:**

**DPT/Td:**

**MMR:**

**HIB:**

**Meningitis:**

**Hepatitis B:**

**Varicella: (Required at 15 months by licensing as of July 1, 2019)**

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Photo/Video Release

As a parent or guardian of this student, I hereby consent to the use of photographs/video taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_ Yes, I give consent for MHPCNS to photograph my child for school purposes and/or at school events for all uses mentioned above.

\_\_\_\_ Yes, I give consent for MHPCNS to photograph my child for school purposes and/or at school events ONLY for private social media pages (ie current family school Facebook page), and school yearbook photos.

\_\_\_\_ No, I do not authorize MHPCNS to photograph for my child for any event.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_