

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



Toddler & Me Enrollment Form

Date: _____

Child's Name: _____ Birthdate: _____ Age (by Feb 7, 2024): _____

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: _____ Email Address: _____

TODDLER & ME

15-23 Months(1 day per week)

DAY

Wednesday

TIME

3:30 pm - 5:00 pm

TUITION

\$ 80.00 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 or Zelle info@mhpcns.com with Toddler Enrollment and your child's name as the memo.

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 programs



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 7, 2024- April 24, 2024.

To further help families of this class become a part of the MHPCNS community, the teacher will invite the class on some of the school-wide field trips, and make certain the families are informed of the school-wide events.

Participation Requirements:

1. Children must be 15 – 23 months to enroll in the program. At this time, no older siblings are allowed during our class time.
2. Family is to complete the Registration Form, and pay the \$25.00 non-refundable enrollment/materials fee. Registration fee will be prorated based on the month you enroll in the program. We ask that families with multiple children fill out an application for each child. The \$25.00 enrollment 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 \$80.00 on the first Wednesday of every month. Checks can be made payable to MHPCNS OR Zelle to info@mhpcns.com with students name in memo for both. A one time payment option for the season is also available for \$240.
5. The 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 during teacher lead clean up time.

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

Parent Signature: _____

Please 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.

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 (i.e. current family school Facebook page), and school yearbook photos.

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

Parent Signature: _____ Date: _____

Student's Name: _____