

MUSHROOM FAMILY LEARNING CENTER

REGISTRATION 2010-2011

Mushroom Family Learning Center has been dedicated to serving young children for thirty-six years! Registration for Mushroom families for the 2010-2011 school year will be held on Tuesday, January 26, 2010 beginning at 9:15 A.M. to help you enroll for the class that best fits your child's needs. Registration for the public will begin on February 2, 2010.

Parents who have completed the pre-registration process do not need to register in person if all forms and the non-refundable registration fee (\$50.00 for one child or \$65.00 per family) has been received by the school prior to January 22, 2010. Registration will be complete only when the first month's tuition, due MAY 1, 2010, has been received. Please note: All previous / outstanding balances MUST BE PAID in full to register and hold a place in next year's class. A registration form is attached for your convenience.

LUNCH PROGRAM: We also offer a supervised lunch program on Tuesdays, Wednesdays and Thursdays. Children bring their lunch to enjoy socializing and eating their lunch from 11:30 to 12:30. Munchin' Luncheon is a monthly sign up open to children enrolled in any of our regular classes.

K-TOO: This AM or PM program is designed as an enrichment and socialization program for children currently enrolled in Kindergarten. The class features small class size with the number of students held to 6. Focused, stimulating activities in curricular areas of science, pre-reading, math and printing are the main concentration. This class also offers hands-on learning, Spanish, music, movement, outside play time and snack. This class also includes fine and gross motor skilled activities and practice with listening, social and communication skills.

ENRICHMENT: Classes will be offered on Monday and Friday afternoons. These classes focus on a particular activity or idea each session. Information is distributed monthly and enrichment sign up is monthly. Happy Cookers and Pee-Wee Picasso are twice a month programs with a yearly commitment.

MFLC teachers have created the following guidelines to assist you in choosing the **MOST APPROPRIATE** class, ensuring the **BEST PLACEMENT** for your child.

SCHOOL GUIDELINES FOR CLASS REGISTRATION:

Mom/Toddler	15 months or with teacher approval
2's	2 years old by September 1 st
3's	2.7 years old by September 1 st
Three/Fours	3 years old by September 1 st
4's	3.6 years old by September 1 st
TK-AM	4 years old by September 1 st
TK PM	4 years old by September 1 st
Enrichment	4 years old by September 1 st
K-TOO Enrichment	Enrolled in public Kindergarten program

SCHEDULE OF CLASSES

Class meets one day per week

Parent / Toddler M 9:00 - 11:00

Classes meet two days per week

2s M, TH 12:15 - 2:15
 2s T, TH 9:00 - 11:00
 2s W, F 9:00 - 11:00
 K-TOO AM Enrichment T, TH 9:00 - 11:30
 K-TOO PM Enrichment T, TH 12:30 - 3:00

Classes meet three days per week

3s T, TH, F 9:00 - 11:30
 4s M, W, F 9:00 - 11:30
 3/ 4s T, W, TH 12:30 - 3:00

Classes meet four days per week

TK AM M-T-W-TH 9:00 - 11:30
 TK PM M-T-W-TH 12:30 - 3:00

Miscellaneous Activities

Munchin' Lunch T, W, TH 11:30 - 12:30
 Enrichment M and/or F 11:30 - 2:00
 PeeWee Picasso (Tuesday) or Happy Cookers (Thursday) 11:15 - 12:30

TUITION SCHEDULE 2010 - 2011

PROGRAM	DUE MAY 1	MONTHLY	TOTAL
PARENT/TOT ONE DAY/WEEK	\$58.00	\$58.00	\$522.00
TWOs TWO DAYS/WEEK	\$113.00	\$113.00	\$1017.00
AM THREEs THREE DAYS/WK	\$149.00	\$149.00	\$1341.00
AM FOURS PM THREE/FOURS THREE DAYS/WK	\$149.00	\$149.00	\$1341.00
AM TK, PM TK FOUR DAYS/WK	\$187.00	\$187.00	\$1683.00
AM and PM K-TOO TWO DAYS/WK	\$118.00	\$118.00	\$1062.00
ENRICHMENT		\$14.00 SESSION	
LUNCH		\$5.00 SESSION	

Tuition payments are made in monthly installments, with the first month of September, due May 1, 2010 to secure your child's class placement. Tuition for October is due September 1st. There are nine monthly payments for the school year, with the last payment due April 1st.

MFLC offers scholarships. Please see the Director for more information and to complete the confidential application.

**Mushroom Family Learning Center Registration Form
Information/Emergency 2010-2011**

(PLEASE PRINT CLEARLY)

Child's Name

(Last) _____ (First) _____ (MI) _____

Birthdate _____

PLACE PHOTO HERE

Address – Street, City, Zip

Class(es) Enrolled for Sept. 2010

Mother's Name

Father's Name

Address

Address

Home #

Home #

Work #

Work #

Cell #

Cell #

Email

Email

Employer/Occupation

Employer/Occupation

Name(s)/Phone number(s) of additional caregivers for child

Child's previous school(s) attended

Names/Ages of other children in your family

Child's Physician and Phone Number

List any considerations, medical or otherwise, concerning your child

List all allergies including FOOD and drug allergies

List previous accidents or hospitalizations

List all medications and reasons for taking them

Persons to be reached in case of illness or an emergency during school hours during school hours
in the absence of the parents

Person #1

Person #2

Address

Address

Home #

Home #

Cell #

Cell #

Additional Information:

What are your expectations of how attending MFLC will help your child?

How can we help you?

Is there anything else you would like us to know about your child?

IT IS IMPORTANT THAT THE INFORMATION REQUESTED ON THIS FORM BE UP TO DATE. PLEASE NOTIFY US OF ANY CHANGES IMMEDIATELY.

Signature of Parent/Guardian

Date

**Mushroom Family Learning Center
School Contract 2010-2011**

Child's Name – First, Last, MI

MFLC Class

Please read the following information carefully:

- ◆ **PROGRAM:** My child has permission to use all of the play equipment and to participate in all school activities.
- ◆ **FIELD TRIPS:** My child may participate in field trips. I understand that it is the parents' responsibility for transportation to and from field trips. Field trips are viewed as family experience at MFLC.
- ◆ **INFORMATION RELEASE:** Photographs of the program may be used for community presentations such as parent groups, career days, press releases. Further release of records would be upon request only.
- ◆ **TERMINATION OF ENROLLMENT:** The school reserves the right to terminate enrollment due to the delinquency of payment of fees, lack of cooperation of school policies, or the inability of the child or parent to adjust to the school program.

Please read the following Financial Contract carefully:

1. I agree to pay my child(ren)'s tuition in nine monthly installments by the designated dates. If payment for the non-refundable registration fee and the first month is not received by May 1, 2010, and we are not contacted about payment, your child's space could be given to another student. This tuition payment will be refunded in full if your child is withdrawn by July 15th. There will be no refund after July 15th.
2. Tuition is based on a full year of school. No credit is allowed for illnesses, holidays, vacations or emergency closings.
3. If tuition payment is not received by the fifteenth of the month, you will receive a written notice. If no payment is received within 30 days, a late fee of \$10.00 will be charged.
4. If early withdrawal becomes necessary, the tuition responsibility will end 30 days after written notice is received by the Executive Director.
5. A non-refundable registration fee of \$50.00 for one child or \$65.00 for more than one child must accompany this form.

Tuition checks should be made payable to Mushroom Family Learning Center and dropped into the tuition box or mailed to MFLC, 1240 Washington road, Pittsburgh, PA 15228.

Your signature below indicates that you have read this form carefully and give approval to all.

Parent/Guardian Signature

Date

**Mushroom Family Learning Center
Medical Release 2010-2011**

Child's Name – First, Last, MI

MFLC Class

Please read the following information carefully:

If my child (above) needs medical treatment, it is my wish that such treatment be started while efforts are being made to contact me and my child's physician. And, that if you cannot contact me or the child's physician, you will call another physician, call an ambulance or have the child taken to an emergency hospital in the company of a staff member as may be appropriate. I accept responsibility for all costs for emergency treatment.

Parent/Guardian Signature

Date
