

**First Baptist Church Weekday Preschool Application for Admission for the 2024-2025 School Year
2-, 3-, & 4-Year Olds**

Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: M F

Home Address: _____

Mailing Address: _____

Home Phone: _____ Church Currently Attending: _____

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

E-mail Address: _____ E-mail Address: _____

Employment: _____ Employment: _____

Work Phone: _____ Work Phone: _____

Name(s) & Age(s) of Sibling(s): _____

Read and INITIAL the appropriate answer to the following items:

I have been informed that FBC Preschool does provide liability insurance for my child. _____ YES _____ NO

I have been given, read, and understand the FBC Preschool Student Handbook. _____ YES _____ NO

I have received a copy of the MSDH Regulation Summary for parents. _____ YES _____ NO

I have submitted a 121 Immunization Compliance Form to FBC Preschool to be kept on file before my child attends. _____ YES _____ NO

My child is toilet trained ___ YES ___ NO.

I understand that my child must be toilet trained by January of their 3K year. _____ YES _____ NO

List any special needs you child may have: _____

**First Baptist Church Preschool reserves the right to observe and evaluate your child to determine our ability to serve his/her educational and emotional needs.

How does your child get along with other children? _____

Adults? _____

What is your child's attitude about starting a new school experience? _____

Has your child ever attended any other school-oriented program? YES or NO
If so, when? _____ Where? _____

DISCIPLINE

I authorize First Baptist Church Preschool to assign non-physical discipline for my child,
_____. The discipline he/she receives at home is as follows:

Parent/Legan Guardian's Signature: _____

We DO NOT use corporal/physical punishment. Further details are found in the FBC Preschool Handbook.

PERMISSIONS

Complete each of the following by INITIALING either YES or NO.

My child may be photographed/videoed while in the care of FBC Preschool. _____ YES _____ NO

I understand FBC Preschool and First Baptist Church may use my child's picture for promotional purposes on social media. Teachers may also post pictures to social media pages.

I give my permission for my child to attend all field trips. _____ YES _____ NO

I understand that FBC Preschool does NOT transport students for field trips. _____ YES _____ NO

First Baptist Church Preschool may give my child emergency medical treatment if needed. _____ YES _____ NO

I understand that FBC Preschool does NOT dispense oral medications. _____ YES _____ NO

PROGRAM

Please select ONE of the following classes for your child:

The class is determined by the age of your child as of **September 1, 2024**.

_____ 4-Year Old _____ 5 days _____ 4 days

_____ 3-Year Old _____ 5 days _____ 4 days _____ 3 days _____ 2 days Days: _____

_____ 2-Year Old _____ 5 days _____ 4 days _____ 3 days _____ 2 days Days: _____

YEARLY/MONTHLY TUITION

5 days \$2911/\$324

4 days \$2485/\$276

3 days \$2060/\$229

2 days \$1559/\$173

BILLING PLANS

Please choose one.

_____ Plan A- Single Payment: One payment of annual tuition. Payment due date is July 24, 2024

_____ Plan B-Semester Payments: Annual tuition is divided by two. Payment due dates for this plan are July 24, 2024 and January 6, 2024.

_____ Plan C-Monthly Payments: Annual tuition is divided by nine. The first payment is due August 1, 2024. Remaining payments are due on the first of each month and continue until April 1, 2025.

A billing contract will be completed and signed upon acceptance to the FBC Preschool Program.

FBC Preschool accepts cash/check payments and uses the Brightwheel app for online payments. This app allows you to view/pay invoices online and print tax documents. More information will be provided upon acceptance.

EARLY CARE/EXTENDED CARE

Early Care is an optional service that can be utilized by parents. Early Care is from 7:00-7:30 am. Early Care is billed monthly and is based on the number of days that it is used.

Early Care fee is \$2.00 per day

Extended Care is an optional service that can be utilized by parents. Extended Care begins at 11:30 am and ends at 5:30 pm. Extended Care is billed monthly and is based on the number of days that it is used.

Extended Care Fees: 11:30 am-1:00 pm \$4.00 per day 11:30 am-5:30 pm \$14.00 per day

Please read carefully and INITIAL the following statements:

I understand that the \$280 registration fee is due when the application is completed and returned. My child's spot is not secure without this payment. _____

I understand that the \$280 registration fee is **non-refundable, NO EXCEPTIONS.** _____

I understand that tuition is payable to First Baptist Church Preschool beginning in August and completed in April. (Total of 9 payments) _____

I understand that tuition is due on the 1st of each month and is late after the 15th. A late fee of \$10 may be assessed. _____

I understand that Early/Extended care payments are due when posted to my child's account in Brightwheel _____

I understand that I must provide transportation to and from the field trip location. _____

I understand that I or another adult of my choosing is required to stay for the duration of the field trip for my child. _____

I understand that I will be notified of dates and times for all field trips prior to the event. _____

I understand that in the event of any custody issues, FBC Preschool will abide by current court documentation provided and kept in the student's file. _____

PICK-UP AUTHORIZATION

The following people are authorized to pick up my child:

1. Name: _____ Cell # _____ Relationship _____

2. Name: _____ Cell # _____ Relationship _____

3. Name: _____ Cell # _____ Relationship _____

4. Name: _____ Cell # _____ Relationship _____

5. Name: _____ Cell # _____ Relationship _____

EMERGENCY INFORMATION

In the event of an emergency and the parents cannot be reached, contact the following:

1. Name: _____ Relationship: _____

Phone(cell): _____ Phone (other): _____

2. Name: _____ Relationship: _____

Phone(cell): _____ Phone (other): _____

How many pick-up cards will you need? _____ Typically, you will need 1 for each person who regularly picks up your child.

Please **INITIAL** the following:

I understand that if any adjustments need to be made to the Pick-Up Authorization list, _____ that it must be completed in writing by the parent or in person.

I understand that an authorized pick-up person without a pick-up card may _____ be asked to present a picture ID.

MEDICAL HISTORY

Mark with X if you child has ever had any of the following:

Chicken Pox____ Measles____ Meningitis____ Whooping Cough ____ Seizures____

Mark with X if there is any evidence of:

Hearing loss/difficulties _____ Vision Impairment _____

Speech disabilities _____ If yes, is he/she receiving services? _____ If so, where? _____

Please list any that apply to your child:

Hospitalizations: _____

Operations: _____

Other serious illnesses: _____

Physical Impairments/Limitations: _____

Specific Fears: _____

Current Pediatrician: _____ Phone: _____

Preferred Hospital: _____

Does your child have any allergies? YES or NO

Please list the allergy and the reaction (including food allergies):

List any medications currently taken at home by your child (prescription and/or over the counter):

I attest that I am the parent/legal guardian of the child being registered and that all the information provided is correct.

I understand that completion of this application does not indicate acceptance into the FBC Preschool Program.

Parent/Legal Guardian Signature

Date

DIRECTOR USE ONLY

Completed application received: _____

Registration fee paid: _____

121-form current and received: _____

Tuition contract signed: _____

Acceptance Date: _____

Start Date: _____

Withdrawal Date: _____