

**First Baptist Church Weekday Preschool Application for Admission for the 2025-2026 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 _____ YES _____ NO
for my child.

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

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

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

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, 2025**.

For Days please use: **M, T, W, TH, F**

_____ **4-Year Old** _____ 5 days _____ 4 days _____ 3 days 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 August 4, 2025.

_____ Plan B-Semester Payments: Annual tuition is divided by two. Payment due dates for this plan are August 4, 2025 & January 5, 2026.

_____ Plan C-Monthly Payments: Annual tuition is divided by nine. The first payment is due August 4, 2025. The remaining payments are due on the first of each month and continue until April 1, 2026.

A billing contract is attached and is contingent upon your child's acceptance into 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.

**FBC PRESCHOOL TUITION AGREEMENT
SCHOOL YEAR: 2025-2026**

Student's Name _____

Person responsible for tuition payments:

Mailing Address: _____

Phone Number: _____ Cell _____ Home

**A non-refundable Registration Fee of \$280 for each child is due by May 1st.
A child's enrollment is not guaranteed until the application and additional documents are completed and the registration fee is paid.**

Class Age: _____ Days Attending: _____M _____T _____W _____TH _____F

_____ **PLAN A - SINGLE PAYMENT:** One payment of annual tuition. Payment due date for this plan is August.

_____ **PLAN B - TWO PAYMENTS:** Annual tuition is divided by two. Payment due dates for this plan are August and January.

_____ **PLAN C - MONTHLY PAYMENT:** Annual tuition is divided by nine. The first payment is due August 1, 2025, with the remaining payments due on the first day of each month continuing through April 1, 2026.

YEARLY/SEMESTER/MONTHLY TUITION

	YEARLY	SEMESTER	MONTHLY
5 days	\$2911	\$1455.55	\$324
4 days	\$2485	\$1242.50	\$276
3 days	\$2060	\$1030.00	\$229
2 days	\$1559	\$779.50	\$173

First Baptist Church Preschool 2025-2026 Tuition Agreement

The undersigned is responsible for the registration fee and tuition payment agreed upon for the 2025-2026 school year.

The undersigned agrees to pay the tuition payment for preschool services as documented by the plan of their choice selected on the previous page.

The undersigned understands that if payment is not made by the 15th of each month, they are subject to a late payment fee of \$10.00 being added to their balance for that month.

The undersigned understands that they are subject to a handling fee as charged by our bank for any returned check. If more than one check is returned, checks will no longer be accepted for payment and payment must then be made by cash or money order. Invoices and balances can be viewed on your child's Brightwheel account.

The undersigned understands that scheduled days are established by the preschool. Neither fee or tuition will be waived or refunded for school days missed due to family vacations, illness, or for any other reason. There are no adjustments of fees or tuition for days when preschool is not in session.

FBC Preschool must be given two weeks notice in writing prior to withdrawing your child from the preschool. If you wish to return after withdrawing your child's space is not guaranteed.

Registration renewal for the preschool is on a yearly basis with a new tuition agreement entered into every year.

Monthly billing invoices for tuition and extended care fees will be posted to Brightwheel.

Tax documents may be printed from your child's Brightwheel account.

All fees and tuition must be paid in full prior to participation in preschool graduation for 4-year-olds or to return to the preschool program for the next school year.

By signing this preschool enrollment/tuition agreement, I understand and agree to fulfill my financial commitment as indicated above. I will abide by all the terms and conditions for attending FBC Preschool.

PARENT/GUARDIAN SIGNATURE

DATE

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. _____

FBC Preschool Classroom Pre-requisites for Acceptance

Student's Name _____

DOB: _____

Two-year olds should:

- Be 2 by September 1st of the current school year
 - Have health form 121 (immunizations) up to date and on file
 - Be able to walk by themselves
 - Be able to drink from a cup
 - Be able to understand and follow simple instructions
 - Be able to sit at the table
 - If using Extended Care services, be able to stay and rest on a mat
-

Three-year olds should:

- Be 3 by September 1st of the current school year
 - Have health form 121 (immunizations) up to date and on file
 - Be able to drink from a cup
 - Be potty trained or working toward training-MUST be completely potty trained by January of the current school year
 - Be able to follow instructions
 - Be able to sit at the table
 - Be able to sit in a circle with other students
-

Four-year olds should:

- Be 4 by September 1st of the current school year
 - Have health form 121 (immunizations) up to date and on file
 - Be able to drink from a cup
 - Be completely potty trained
 - Be able to follow multi-step instructions
 - Be able to sit at the table
 - Be able to sit in a circle with other students
 - Be able to hold a pencil
 - Be able to play in centers independently
-

FBC Preschool reserves the right to dismiss a child at our sole discretion for:

- Consistent unsatisfactory or inappropriate behavior
- Endangering self or others
- Consistent violations of our policies or school rules
- Non-payment of tuition or other fees
- Health form 121 not up to date
- If we do not have adequate expertise or resources for the child's educational, medical, or other needs.
- If for any reason we determine it to be in the best interest of FBC Preschool

I understand the terms as stated above. My child is: ___ 4-years old ___ 3-years old ___ 2-years old

Parent/guardian signature

Date

Teacher Initials: _____

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

I have read the First Baptist Church Preschool Parent Handbook and agree to the policies contained within.

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: _____ **CASH**___ **CHECK #**_____

121-form current and received: _____

Tuition contract signed: _____

Acceptance Date:_____

Start Date: _____

Withdrawal Date: _____

PICK-UP AUTHORIZATION

Student's Name: _____

Class: _____

Parent's Name: _____

Phone: _____

Parent's Name: _____

Phone: _____

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):
