



Enrollment
Date _____

Immunization
Record _____

Application
Entered By _____

Start
Date _____

Room # _____

Enrollment Application

Child's Name _____ Nickname _____

Home Address _____ City _____ Zip _____

Age _____ Date of Birth _____ Boy _____ Girl _____

What school district do you reside in? _____

What school district do/will your child(ren) attend? _____

Summer Session _____

Fall/School Session _____

Full-Time (M-F) _____
(\$170)

3 days (MWF) _____
(\$120)

2 days (TTh) _____
(\$100)

RESPONSIBLE PARTY – NAMES LISTED ARE RESPONSIBLE

We do not mediate payment obligations. Non-payment is a reason for immediate dismissal. Please see the handbook online for more information.

_____ **Adult(s) listed here are responsible for payment.**

Name _____ **Relationship to child** _____

Cell# _____ **Place of employment** _____

Work# _____ **Work Hours** _____

E-mail _____

Name _____ **Relationship to child** _____

Cell# _____ **Place of employment** _____

Work# _____ **Work Hours** _____

E-mail _____

Child primarily lives with: Both Parents _____ Mother _____ Father _____ Guardian _____

Are there any court papers or guardianship documentation that First Baptist Preschool needs to keep on file?
(We do require documentation if a parent is not able to pick up.)

YES _____ **NO** _____ **If yes, please explain** _____

A blank line in front of a sentence indicates that you need to initial that line, and that you have read and understand the statement that follows.

PAYMENT

How will you be paying: (Please choose only one)

Weekly _____ (Due by Wed each week) **Monthly** _____ (Due First day you attend) **Yearly** _____

LATE FEES

_____ **I understand that there may be a \$25 a day charge for everyday that tuition is past due.**

_____ **Operating hours are from 7am to 5:30 pm. We charge a late fee of \$5 per minute for every minute you are late picking up your child. Your child may be dismissed if you are late and do not pay the late fee immediately.**

MEDICAL INFORMATION

Family Physician _____ Phone _____

ALLERGIES

Medical conditions and/or allergies (i.e., asthma, fire ants) ☐ Severe ☐ Mild ☐ Testing

Does child have any known food allergies? ☐ Severe ☐ Mild ☐ Testing

Other medical information regarding your child. _____

If your child has any prescribed medication for emergencies, it is mandatory that we have it on site. All prescriptions must be current, clearly labeled, and included with or on the medication.

EMERGENCY (NON-PARENT) CONTACTS/AUTHORIZED PICK-UPS

Name _____

Phone # _____

Relationship _____

☐ Pick Up ☐ Emergency Contact

Name _____

Phone # _____

Relationship _____

☐ Pick Up ☐ Emergency Contact

INFORMATION ABOUT FIRST BAPTIST CHURCH

Are you looking for a church home? Would you like information about FBC? _____

FBC children's ministry? _____ FBC youth ministry? _____

_____ I have read online or received a copy of the Arkansas Kindergarten Readiness Indicator Checklist

_____ I hereby certify that my child(ren) is/are in good physical condition and do/does not suffer from any disability that prevents or limits his/her participation in all activities conducted by First Baptist Preschool. I acknowledge that First Baptist Preschool will not assume any responsibility or liability for personal injury or damages caused by the injury. In the event First Baptist Preschool is unable to reach a parent, guardian or any emergency contact, I hereby give permission for my child(ren) to be transported to the nearest hospital for treatment in case of an accident or emergency. I hereby further authorize any of the staff or employees to provide for, approve and authorize health care at hospital or in an emergency.

_____ I hereby authorize First Baptist Preschool, First Baptist Church or the employees of such to transport my child(ren) in any event of an emergency.

_____ I hereby grant and authorize First Baptist Preschool the right to take, copy, publish, distribute and make use of all pictures or video taken of my child(ren) to be used in and/or for promotional materials and digital communications. This authorization shall continue indefinitely.

_____ **I have received, read, understand, and agree to abide by the *Preschool Policies and Procedures* regarding discipline, tuition fees, and general guidelines as stated in their handbook. Handbooks are available online at firstshotspring.com or a printed copy can be printed upon request.**

Signature of Responsible Party _____ Date: _____

Signature of Responsible Party _____ Date: _____