



Enrollment Packet 2022-23

- _____ Complete one application packet per child
- _____ Bring enrollment packet and fee to the Preschool Office (Enrollment fee reserves your child's placement)
- _____ A copy of child's current immunization record
- _____ Enrollment Fee _____ Date of Enrollment
- _____ Check # _____ Cash _____ CC#

Broadway Baptist Preschool
A Ministry of Broadway Baptist Church Since 1972
1000 North Adams Rd.
Sand Springs, OK 74063
918-245-2680
Fax: 918-245-7557
Email: bdowney@broadwaybaptistchurch.com

A Great Place To Grow!

Broadway Baptist Preschool 2022-23

Enrollment Fee

Due at time of enrollment & Non-Refundable

Babies, One's, Two's, & Three's	\$45.00
Pre-Kindergarten (Four's)	\$65.00

Tuition Schedule

Monthly Payment

Babies (3 months by Sept. 1, 2022)

2 days per week	\$ 194.00
3 days per week	\$ 291.00
4 days per week	\$ 388.00

One's, Two's, Three's & Pre-K

Must be appropriate age by Sept. 1, 2022

2 days per week	\$ 176.00
3 days per week	\$ 264.00
4 days per week	\$ 352.00

Tuition payments are due by the 1st of each month, Sept-May. The first tuition payment is due at parent orientation in August. (You will be notified of this day the first part of August). You will make a total of 9 payments unless you choose to pay the total in advance.

Family Discount

Younger siblings will receive a 10% discount on tuition. Families with more than one child enrolled will pay full tuition for the first child and receive a 10% discount for each child thereafter. Enrollment fees are not eligible for discounts.

Broadway Baptist Preschool

Enrollment Application

2022-23

PLEASE PRINT

Student Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Age on Sept. 1, 2022 _____ Gender: M F Home Phone: _____

Class Enrolled: _____ Days Attending: M T W TH

Full Name of

Father/Guardian: _____

Home Address: _____ Cell Phone: _____

Father's Employer: _____ Work Phone: _____

Email Address: _____

Full Name of

Mother/Guardian: _____

Home Address: _____ Cell Phone: _____

Mother's Employer: _____ Work Phone: _____

Email Address: _____

Please state phone number you would liked to be reached Mom _____ Dad _____

Other Children In Family:

Name and Age

Name and Age

Name and Age

Name and Age

Please check all that apply:

Child lives with both parents Parents are separated Parents are divorced

Father is deceased Mother is deceased Child lives w/ Mother

Child lives w/ Father Father has custody Mother has custody

Grandparents have custody Custody arrangements have been court adjudicated

Joint custody of child is held between _____ and _____

Any concerns or family situations that office/teacher needs to be aware of _____

Person responsible for payment of tuition and fees:

Name Address Phone

Church presently attending: _____

Has child been suspended or expelled from any other daycare/preschool/school for any reason?
Yes/No If yes, explain

Has child been recommended for any special testing of services, whether or not the recommendation was followed. Yes/No If yes, explain

Has your child shown signs or been diagnosed with emotional or behavioral disorders?
(i.e. Autism, ADHD, ODD, sensory processing, etc.) Yes/No If yes, explain

It is our goal to accommodate every child. Please be aware that our teaching staff is not trained for special needs, including emotional &/or behavioral disorders. We have an 8-week introductory period. This is to ensure our program is a good fit for your child. If a student is having a hard time with adjusting, a daily sheet will be sent home to keep you aware of their progress. A conference will be scheduled to discuss and evaluate any concerns. If a child is unable to adjust or is continually violent or disruptive, they may be dismissed for the remainder of the school year.

Has child demonstrated negative social behavior (i.e. disrespect, hitting/pushing, and biting)?
Yes/No If yes, explain_____

Is there any other information regarding your child we should know?

Broadway Baptist Preschool was recommended by:

Why did you choose Broadway Baptist Preschool?

What do you believe needs the most improvement in your child's development?

Socially?

Academically?

Spiritually?

**Broadway Baptist Preschool
Medical & Liability Release
2022-23**

Please print

Child's Name _____ Date of Birth _____

Last First Middle

Child's Doctor _____
Name Address Phone

Hospital _____
Name Address Phone

Child's Dentist _____
Name Address Phone

Child's Overall Health: Excellent Fair Poor

Any Physical Disabilities? Yes/No If YES, please explain: _____

Please list any health problems (asthma, diabetes, etc.) _____

Please list any food related allergies (including severity & treatment) _____

Please list any medications your child takes regularly (including those not taken at school)

(If your child is on medication at any time during the school year you MUST FILL OUT a Request to Dispense Medication form in the Director's office.)

Please indicate persons to be contacted in case of an emergency

Name of Parent or Guardian Emergency Cell Number

Name of Parent or Guardian Emergency Cell Number

Name Emergency Cell Relationship to Child

Name Emergency Cell Relationship to Child

Insurance Information

Name of Company _____ Policy # _____ Group # _____

Address _____ Phone _____

Name insurance is carried under _____

Parental or Guardian Medical/Liability Release Statement

The above stated minor has permission to participate in and travel with Broadway Baptist Preschool or attend activities from August 28, 2022-May 17, 2023. While I understand that Broadway Baptist Preschool will take reasonable steps to provide care and safety to minor, I am aware that the Broadway Baptist Preschool or their employees or agents cannot and shall not assume any responsibility for injury, damage or harm which might result during the course of any activity during functions so sponsored or attended by this minor. In consideration of permitting their minor to participate, I agree that full responsibility shall remain with me as a parent or guardian of this minor. Should any claim be asserted by any person as the result of the acts of this minor while participating in the course of activities sponsored or provided by Broadway Baptist Preschool, or traveling to or from such activity, or should minor or any party assert any claim against Broadway Baptist Preschool or its employees or agents, I agree to indemnify and hold Broadway Baptist Preschool harmless from actions brought against them and including attorney fees and cost incurred by Broadway Baptist Preschool in defense thereof. I further authorize medical treatment of minor in the event of illness or injury sustained in my absence while minor participates in the course of activities provided or sponsored by Broadway Baptist Preschool.

Signature of Parent/Guardian Date Signature of Witness Date

Photograph Release

I give permission for my child to be photographed and for those photos to be used for end of year slide shows, social media (Facebook, Instagram, etc.) and news articles. We will not use student's names at any time.

_____ **Yes, I consent**

_____ **NO, I DO NOT CONSENT**

Child's Name _____ Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Authorization for Child Pick-Up

The persons listed below have permission to pick up:

Child's Name

Last	Middle	First
Name:	Driver's License Number:	Relationship:
_____	_____	_____
Parent/Guardian		
_____	_____	_____
Parent/Guardian		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian _____ Date: _____ Phone _____

**We reserve the right to request identification from anyone who picks up a child at
Broadway Baptist Preschool**