



## Enrollment Packet 2023-24

---

- \_\_\_\_\_ 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](mailto:bdowney@broadwaybaptistchurch.com)

**A Great Place To Grow!**

# Broadway Baptist Preschool 2023-24

## 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, 2023)

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, 2023

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

**\*Must be potty trained or close to being fully potty trained by the first day of school.**

Tuition payments are due by the 1<sup>st</sup> 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

2023-24

PLEASE PRINT

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age on Sept. 1, 2023 \_\_\_\_\_ 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

### 2023-24

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, 2023-May 17, 2024. 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**