

#### **Enrollment Packet 2024-25**

Complete one ap	plication pac	ket per child
Bring enrollment packet and fee to the Preschoo		
Office (Enrollment fee reserves your child's		
placement)		
A copy of child's	current immi	unization 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 2024-25

#### **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, 2024)

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.1,2024

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

<sup>\*</sup>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 2024-25

PLEASE PRINT		
		Date of Birth:
Address:		City:Zip:
_		F Home Phone:
Class Enrolled:	Days At	tending: M T W TH
Full Name of		
Father/Guardi	ian:	
Home Address:_		Cell Phone:
Father's Employe	er:	Work Phone:
Email Address:		
Full Name of		
Mother/Guard	dian:	
Home Address:_		Cell Phone:
Mother's Employ	/er:	Work Phone:
Name and Age		Name and Age
Name and Age		Name and Age
Father is dece Child lives w/ Grandparent Joint custody Any concerns or	th both parentsParents easedMother is dece FatherFather has cus s have custodyCustody of child is held between family situations that office/	are separatedParents are divorced easedChild lives w/ Mother todyMother has custody arrangements have been court adjudicated and teacher needs to be aware
	ole for payment of tuition and	
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 2024-25

Please print			
Child's Name			Date of Birth
	First		
Child's Doctor			
Name		Address	Phone
Hospital Name		Address	Phone
Child's Dentist Name		Address	Phone
Child's Overall Health:	Excellent		THORE
erma y o verem i reenem	Executerie		
Any Physical Disabilitie	es? Yes/No	If YES, please ex	xplain:
	•	•	•
Please list any health p	problems (a	sthma, diabetes,	etc.)
Please list any food rel	ated allergi	es (including sev	rerity & treatment)
Please list any medicat	tions your c	hild takes regula	rly (including those not taken at school)
Uf your child is on medicat	ion at any tin	ne during the school	I year you MUST FILL OUT a Request to Dispense
Medication form in the Dire			rycar you wost thee oot a request to dispense
Please	e indicate p	ersons to be co	ntacted in case of an emergency
Name of Parent or Gu	ardian		Emergency Cell Number
AL CD . C			
Name of Parent or Gu	ardian		Emergency Cell Number
Name		Emergency Cell	Relationship to Child
Name		The gency cen	Relationship to Child
Name			Relationship to Child
Neitte		inergency cen	Relationship to erind
		Insurance I	nformation
Name of Company		Policy #	Group #
Address			Group # Phone
Name insurance is car	ried under_		
			l/Liability Release Statement
			padway Baptist Preschool or attend activities from August 2024-May 2025 seps to provide care and safety to minor, I am aware that the Broadway
			e any responsibility for injury, damage or harm which might result during
			s minor. In consideration of permitting their minor to participate, I agree
			minor. Should any claim be asserted by any person as the result of the acts ovided by Broadway Baptist Preschool, or traveling to or from such activity,
or should minor or any party asse	ert any claim agai	nst Broadway Baptist Pre	school or its employees or agents, I agree to indemnify and hold
			nd including attorney fees and cost incurred by Broadway Baptist or 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.

Date

Signature of Witness

Date

Signature of Parent/Guardian

### **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.

Y	es, I consent _	NO, I DO NOT CONSEN
Child's Name		Date
Parent/Guardian Printed N	Name	
Parent/Guardian Signature	e	
		or Child Pick-Up
The pers	sons listed below h	nave permission to pick up:
Child's Name		
Last	Middle	First
Name:	Driver's License N	umber: Relationship:
		· 
Parent/Guardian		
 Parent/Guardian		
raicing Guardian		
		<del></del>
Parent/Guardian	Dat	e: Phone

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