



## Enrollment Packet 2025-26

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- \_\_\_\_\_ 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  
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**A Great Place To Grow!**

# Broadway Baptist Preschool 2025-26

## 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, 2025)

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, 2025

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

2025-26

PLEASE PRINT

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

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

Age on Sept. 1, 2025 \_\_\_\_\_ 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 like 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

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

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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

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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\_\_\_\_\_

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

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Broadway Baptist Preschool was recommended by:

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Why did you choose Broadway Baptist Preschool?

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

Socially?

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Academically?

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Spiritually?

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# 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Driver's License Number:

\_\_\_\_\_  
Driver's License Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Relationship:

\_\_\_\_\_  
Relationship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Phone \_\_\_\_\_

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