BROADWAY PRESCHOOL ENROLLMENT FORM

209 W. Broadway • Sedalia MO 65301 • 660-826-1708

broadwaypresbyterianpreschool@gmail.com

Full Name of Child	Birth Date		
	□ Male □ Female		
Home Address	City/Zip		
Name of Parent	Phone		
Home Address	City/Zip		
Email Address	Occupation		
Employer	Time of Work Hours		
Work Address	Work Phone		
Name of Parent	Phone		
Home Address	City/Zip		
Email Address	Occupation		
Employer	Time of Work Hours		
Work Address	Work Phone		
Child resides with			
	Phone		
Person(s) authorized to take child fron	n Broadway Preschool:		
	Phone		
	Dhono		
	Phone		
Allergies/medical needs			
How did you hear about Broadway Presc	hool?		
School child will attend after preschool _			
Church Affiliation			
Parent Signature			
Parent Signature	Date		

Broadway Preschool Class Options

Please mark your class choice in order of preference from 1-4 on the lines beside the classes. Classes are open to students ages 3, 4 and 5. Students may enroll if their birthday is after August 1st but they will be three during the school year and are fully toilet trained. Students must be at least 2 years old before August 1st to enroll in the Early Enrichment Class and in the process of toilet training. Classes will be filled in the order forms and fees are received. You will be notified in advance if your first choice of class is not available.

5 Day Morning Class	Mon./Tues./Wed./Thurs./Fri. 8:15a.m11a.m.		
\$40°	\$40 Enrollment Fee, \$150 tuition x 9 months		
3 Day Morning Class	Mon./Wed./Fri.	8:15a.m11a.m.	
\$40°	<mark>) Enrollment</mark> Fee, <mark>\$150 tuition</mark> x	9 months	
3 Day Afternoon Class	Mon./Wed./Fri.	12:15p.m 3p.m.	
\$40°	\$40 Enrollment Fee, \$135 tuition x 9 months		
2 Day Early Enrichment Class	Tues./Thurs.	8:30a.m10:30a.m.	
\$40	Enrollment Fee, \$135 tuition x	9 months	

- \$40 enrollment fee is non-refundable and should be turned in with the enrollment form.
- Tuition for the school year is divided into 9 monthly payments.
- First tuition payment must be paid by August 1st to secure your child's place in a class.

TUITION (Initial on yellow highlighted lines once you have read them.)

- 1. Yearly tuition is set by the Preschool Board. The yearly tuition is divided into nine monthly installments. The installments are not reflective of the days attended in the month, but rather 1/9th of the total tuition fee. Tuition is due on the first of each month, beginning August 1st (for September) and should be paid in full by May 1st. If you would like to pay your student's tuition in full, or arrange another payment plan, please contact the church office.
 - 5 Day Morning Class Tuition is \$1350- Nine monthly payments of \$150.
 - 3 Day Morning Class Tuition is \$1350- Nine monthly payments of \$150.
 - 3 Day Afternoon Class Tuition is \$1215- Nine monthly payments of \$135.
 - 2 Day Early Enrichment Class Tuition is \$1215- Nine monthly payments of \$135.
- 2. Enrollment fee must be paid in full to secure your child's spot. \$40 for all classes.
- 3. Until set for the school year by the Board, tuition is subject to change.
 - a. Parents/Guardians are responsible for tuition even if there are class cancellations or student misses due to illness or any other reasons.

MEDICAL AND EMERGENCY CONTACT INFORMATION

- 1. I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child.
- 2. If I cannot be reached to make necessary arrangements or in a critical emergency requiring medical care, I authorize Broadway Presbyterian Preschool to contact my physician or Bothwell Regional Health Center.
- 3. I have received and read a copy of this facility's policies pertaining to the admission, care, and discharge of children.
- 4. I have been informed that a copy of licensing rules for childcare centers is available at this facility for review.
- 5. The provider is available for continuing communication regarding my child's development, behavior, and individual needs.
- 6. When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.
- 7. I have been notified that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending Broadway Preschool for whom an immunization exemption has been filed.

ELIGIBILITY

- 1. No circumstance of nationality, race, or religion is considered as a basis for acceptance.
- 2. There is a six-week trial period for students.
- 3. Child MUST be fully toilet trained. An exception is made for students enrolled in the 2 Day Early Enrichment Class who may be in the process of toilet training.
- 4. Immunization record or immunization exemption card must be turned in <u>before</u> attending school.
 - a. Student may not attend classes until immunization form or exemption for is submitted.
 - b. Unimmunized children are exempt from class when they:
 - I. Have a reportable disease OR
 - II. Are liable to transmit a reportable disease.
 - c. Readmission to class is permitted by one of the following methods:
 - I. certification in writing by an attending physician attesting to the student's non infectiousness.
 - II. Being exempt from class the length of possible incubation periods. Exemption may be 21 days or longer depending on the reportable disease.
 - III. Local health authority declares that the designated healthy emergency is ended.

<u>PERMISSIONS</u>		
	d to attend field trips/excursions with	ř
I understand I will be	e notified in advance. Broadway Presc	chool is not responsible for student
transportation.		
2. Broadway Preschool has my	permission to publish my child's worl	k.
Student artwork may	be displayed in classrooms, hallways	, other locations in the church
building, art displays	in our community. Art projects may a	also be shared on social media
(Broadway Preschool	l Facebook Page) and on the Broadwa	y Church and Preschool website.
3 Broadway Preschool has my	permission to photograph my child.	
Photographs of stude	nts are taken to document activities, s	hare preschool moments with
families, and to engage	ge students in learning activities. Photo	tographs may be used for displays at
Preschool events.		
4. Broadway Preschool has my	permission to include my child on soo	cial media.
Classroom information	on, reminders and updates, activities,	enrollment information, photographs
of students, and photo	ographs of our learning environment	are shared on the Broadway Preschool
Facebook Page. Nam	es and personal information about stu	idents will not be included by the
preschool on social m	nedia.	
Comments/Exceptions to the permiss	ions above:	
I have read and understand the ter Permissions at Broadway Preschoo		ncy Contact, Eligibility, and
Signature of Parent/Guardian		Date
Child's Physician	Address	Phone
Child's Dentist	Address	D1
		Phone
		pecial health or medical requirements.
☐ My child is in good health, is able		pecial health or medical requirements.
☐ My child is in good health, is able	to participate in group care, has no special health or me	pecial health or medical requirements. edical requirements as listed below.
☐ My child is in good health, is able☐ My child is able to participate in g	to participate in group care, has no special health or me	pecial health or medical requirements. edical requirements as listed below.
☐ My child is in good health, is able☐ My child is able to participate in g Any allergies, special medical condition	to participate in group care, has no special health or metions, including chronic health problem	pecial health or medical requirements. edical requirements as listed below.
☐ My child is in good health, is able ☐ My child is able to participate in g Any allergies, special medical conditi ☐ Any special medications and/or restrictions.	to participate in group care, has no special health or metions, including chronic health problem ctions: parent is unable to be reached:	pecial health or medical requirements. edical requirements as listed below. ns:
☐ My child is in good health, is able ☐ My child is able to participate in g Any allergies, special medical conditi ☐ Any special medications and/or restrict. Emergency Contacts in the event a	to participate in group care, has no special health or motions, including chronic health problem ctions: parent is unable to be reached: Phone	pecial health or medical requirements. edical requirements as listed below. ns:
☐ My child is in good health, is able ☐ My child is able to participate in g Any allergies, special medical conditi ☐ Any special medications and/or restri ☐ Emergency Contacts in the event a Name	to participate in group care, has no special health or motions, including chronic health problem ctions: parent is unable to be reached:	pecial health or medical requirements. edical requirements as listed below. ns: