

BROADWAY PRESBYTERIAN PRESCHOOL ENROLLMENT FORM - 2019-2020

209 W. Broadway Blvd. · Sedalia, MO 65301 · 660-619-1708

Child's Full Name _____ **Birth Date** _____

Name child is called/should learn to write _____ Gender Male Female

Home Address _____ City/Zip _____

Phone _____

How did you hear about us? _____

Father's Name _____ **Occupation** _____

Home Address _____ City/Zip _____

Phone _____ Employer _____ Hours _____

Address _____ Phone _____

E-mail address _____ Cell/Pager _____

Mother's Name _____ **Occupation** _____

Home Address _____ City/Zip _____

Phone _____ Employer _____ Hours _____

Address _____ Phone _____

E-mail address _____ Cell/Pager _____

Child resides with _____

Siblings (Name/birth date) _____

Daytime care giver _____ Phone _____

Person(s) authorized to take child from Preschool:

_____ Phone _____

_____ Phone _____

_____ Phone _____

School will attend _____ Church Affiliation (optional) _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

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 the three year-old student.
3. Child MUST be fully toilet trained.
4. Immunization requirements for Preschool children must be turned in before attending school.
5. Until set for the school year by the Board, tuition is subject to change.

EARLY ENRICHMENT THREE-YEAR OLD PROGRAM - Must be 3 by August 1

\$40 Enrollment Fee (Non-refundable); **\$90 Tuition** x 9 months

- 3's CLASS** MONDAY & WEDNESDAY · 8:15am-11:00AM 8 Students
- 3's CLASS** TUESDAY & THURSDAY · 8:15am-11:00AM 8 Students

PRE-KINDERGARTEN FOUR AND FIVE-YEAR OLD PROGRAM - Must be 4 by August 1

\$40 Enrollment Fee (Non-refundable); **\$140 Tuition** x 9 months

- 4's & 5's CLASS** MON/TUES/WED/THURS/FRI · 8:15AM-11:00AM 20 Students
*****It is strongly recommended that the student has completed a 3 year-old preschool program before enrolling in the 5-day class.***

- MIXED AGE CLASS** MONDAY, WEDNESDAY & FRIDAY · 12:15PM-3PM 10 Students
\$40 Enrollment Fee (Non-refundable); **\$110 Tuition** x 9 months

Enrollment fee must be paid in full to secure your child's spot.

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 must give written permission for field trips, and I will be notified when they are planned.
4. I have received a copy of this facility's policies pertaining to the admission, care and discharge of children.
5. I have been informed that a copy of licensing rules for child care centers is available at this facility for review.
6. The provider is available for continuing communication regarding my child's development, behavior and individual needs.
7. When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.

Doctor _____ **Phone** _____

Address _____

Other medical needs/ Allergies _____

Special needs Yes No If yes, explain: _____

IN CASE OF EMERGENCY and parent cannot be reached, contact:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____