## **BROADWAY PRESCHOOL ENROLLMENT FORM**

209 W. Broadway Blvd.  $\cdot$  Sedalia, MO 65301  $\cdot$  660-826-1708

Child's Full Name		Birth Dat	te	
Name child is called/should learn to write		Gender	☐ Male	☐ Female
Home Address		_City/Zip _		
Phone				
How did you hear about us?				
Parent's Name		Occupati	ion	
Home Address		_City/Zip _		
Home E-mail Address	Cell/Pager _			
Employer			Hours _	
Work Address	Wo	ork Phone		
Parent's Name		Occupati	ion	
Home Address		_City/Zip _		_
Home E-mail Address	Cell/Pager _			
Employer			Hours _	
Work Address	Wo	ork Phone		
Child resides with				
Siblings (Name/birth date)				
Daytime care giver				
Person(s) authorized to take child from Preschool:				
	Pho	one		
School will attend	_ Church Affiliation (opt	tional)		
Father's Signature		<mark>Dat</mark>	<mark>e</mark>	
Mother's Signature		Dat	<mark>e</mark>	

## THREE, FOUR, AND FIVE-YEAR OLD PROGRAM - Must be 3 by August 1

<b>5-DAY AM CLASS</b>	MON/TUES/WED/THURS/FRI · 8:15AM-11:00AM			
	\$40 Enrollment Fee (Non-refundable); \$140 Tuition x 9 months			
3-DAY AM CLASS	MON/ WED/FRI · 8:15AM-11:00AM			
	\$40 Enrollment Fee (Non-refundable); \$140 Tuition x 9 months			
3-DAY PM CLASS	MON/ WED/FRI · 12:15PM-3PM			
<b>\$</b> -	40 Enrollment Fee (Non-refundable); \$125 Tuition x 9 months			

First month must be paid by July 1 to secure your child's spot.

Doctor	Phone
Address	
Other medical needs/ Allergies	
Special needs Yes No If yes, expla	in:
IN CASE OF EMERGENCY and parent canno	t be reached, contact:
Name	Relationship
Address	Phone
Name	Relationship
Address	Phone
MEDICAL AND EMERGENCY CONTACT	<u>INFORMATION</u>
1 I will be notified at once in case of acc	cident or illness to my child, and I will make arrangements for medical
care of my child.	
2 If I cannot be reached to make necess	ary arrangements or in a critical emergency requiring medical care, I
authorize Broadway Presbyterian Prescho	ol to contact my physician or Bothwell Regional Health Center.
3 I must give written permission for field	d 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 lice	censing rules for childcare centers is available at this facility for review.
6 The provider is available for continuing	g 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.

## **ELIGIBILITY** (Initial on all the yellow highlighted lines once you have read them.) 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.
- Child MUST be fully toilet trained. 3.
- Immunization requirements for Preschool children must be turned in <u>before</u> attending school.
  - 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.
  - 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.
- Until set for the school year by the Board, tuition is subject to change. 5.
  - Parents/Guardians are responsible for tuition even if there are class cancellations or student's miss due to illness or any other reasons.

## **TUITION**

- Yearly tuition is set by the Preschool Board. They 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.
  - a. If you would like to pay your student's tuition in full, or arrange another payment plan, please contact the church office to set that up.
    - I. Early Enrichment Yearly Tuition is \$810. Nine monthly payments of \$90.
    - II. Pre-Kindergarten Yearly Tuition is \$1,260. Nine monthly payment of \$140.
    - III. Mixed Age Yearly Tuition is \$990. Nine monthly payments of \$110.
- Enrollment fee must be paid in full to secure your child's spot. \$40 for all classes.

ı	I have read and un	derstand the t	erms of Eligibi	ility, Tuition,	Medical ar	nd Emergency	<b>Contact</b>
	<mark>at Broadway Presc</mark> l	<mark>hool and agre</mark>	e to the terms.	-			

Signature of Parent/Guardian
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