2026-27 School Year BROADWAY PRESCHOOL ENROLLMENT FORM

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

broadwaypresbyterianpreschool@gmail.com

Full Name of Child _____ **Birth Date** _____

Name child is called _____ □ 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 _____

Names/Birth Dates of Siblings _____

Daytime Care Giver _____ **Phone** _____

Person(s) authorized to take child from Broadway Preschool:

_____ Phone _____

_____ Phone _____

_____ Phone _____

Allergies/medical needs _____

How did you hear about Broadway Preschool? _____

School child will attend after preschool _____

Church Affiliation _____

Parent Signature _____ **Date** _____

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.m.-11a.m.
$40 Enrollment Fee, $180 tuition x 9 months

_____ **3 Day Morning Class** Mon./Wed./Fri. 8:15a.m.-11a.m.
$40 Enrollment Fee, $180 tuition x 9 months

_____ **3 Day Afternoon Class** Mon./Wed./Fri. 12:15p.m.- 3p.m.
$40 Enrollment Fee, $160 tuition x 9 months

_____ **2 Day Early Enrichment Class** Tues./Thurs. 8:30a.m.-10:30a.m.
$40 Enrollment Fee, $160 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 upon enrollment or by July 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 July 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 $1,620- Nine monthly payments of $180.
   - 3 Day Morning Class Tuition is $1,620- Nine monthly payments of $180.
   - 3 Day Afternoon Class Tuition is $1,440- Nine monthly payments of $160.
   - 2 Day Early Enrichment Class Tuition is $1,440- Nine monthly payments of $160.
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 before 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 health emergency is ended.

PERMISSIONS

1. ____ I give permission for my child to attend field trips/excursions with Broadway Preschool.

   I understand I will be notified in advance. Broadway Preschool is not responsible for student transportation.

2. ____ Broadway Preschool has my permission to publish my child's work.

   Student artwork may be displayed in classrooms, hallways, other locations in the church building, art displays in our community. Art projects may also be shared on social media and on the Broadway Church and Preschool website.

3. ____ Broadway Preschool has my permission to photograph my child.

   Photographs of students are taken to document activities, share preschool moments with families, and to engage students in learning activities. Photographs may be used for displays at Preschool events.

4. ____ Broadway Preschool has my permission to include my child on social media.

   Classroom information, reminders and updates, activities, enrollment information, photographs of students, and photographs of our learning environment are shared on Broadway Preschool social media. Names and personal information about students will not be included by the preschool on social media.

Comments/Exceptions to the permissions above: _____

I have read and understand the terms of Tuition, Medical and Emergency Contact, Eligibility, and Permissions at Broadway Preschool and agree to the terms.

Signature of Parent/Guardian _____ **Date** _____

Child's Physician _____Address _____ Phone _____

Child's Dentist _____Address _____ Phone _____

☐ My child is in good health, is able to participate in group care, has no special health or medical requirements.

☐ My child is able to participate in group care but has special health or medical requirements as listed below.

Any allergies, special medical conditions, including chronic health problems:

_____

Any special medications and/or restrictions:

_____

Emergency Contacts in the event a parent is unable to be reached:

Name _____ Phone _____

Relationship to Child _____ Address _____

Name _____ Phone _____

Relationship to Child _____ Address _____