



Enrollment  
Date \_\_\_\_\_

Immunization  
Record \_\_\_\_\_

Application  
Entered By \_\_\_\_\_

# FIRST BAPTIST PRESCHOOL APPLICATION FOR ADMISSION

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Age of child as of Aug. 1<sup>st</sup> \_\_\_\_\_

**FALL** Full-Time \_\_\_\_\_ 4 day \_\_\_\_\_  
3 day \_\_\_\_\_ 2 day \_\_\_\_\_

Please select days M T W T H F

**SUMMER** Full-Time \_\_\_\_\_ 4 day \_\_\_\_\_  
3 day \_\_\_\_\_ 2 day \_\_\_\_\_

Please select days M T W T H F

**RESPONSIBLE PARTY** If divorced, we expect payment from one responsible party. We will not mediate payment obligations. Non-payment is reason for immediate dismissal. Please see handbook online for more information. \_\_\_\_\_ Adults listed here are responsible for payment.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell# \_\_\_\_\_ Cell# Provider \_\_\_\_\_

Work# \_\_\_\_\_ Work Hours \_\_\_\_\_ E-mail \_\_\_\_\_

Place of employment \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell# \_\_\_\_\_ Cell# Provider \_\_\_\_\_

Work# \_\_\_\_\_ Work Hours \_\_\_\_\_ E-mail \_\_\_\_\_

Place of employment \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Are there any court papers or guardianship documentation that First Baptist Preschool needs to keep on file?  
(We do require documentation if a parent on file is not able to pick up.)

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain \_\_\_\_\_

**A blank line in front of a sentence indicates that you need to initial that line, and that you have read and understand the statement that follows.**

## PAYMENT

How will you be paying: (Please choose only one)

Weekly \_\_\_\_\_ (Due by Wed each week) Monthly \_\_\_\_\_ (Due First day you attend) Yearly \_\_\_\_\_

## LATE FEES

\_\_\_\_\_ I understand that there will be a **\$25 a day** charge for everyday that tuition is past due.  
Tuition is due on the first day you attend.

\_\_\_\_\_ Operating hours are from 7am to 5:30 pm. We charge a late fee of \$5 per minute for every minute you are late picking up your child. Your child will be dismissed if you are late and do not pay the late fee immediately

## MEDICAL INFORMATION

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

### ALLERGIES

Medical conditions and/or allergies (i.e., asthma, fire ants) ☐ Severe ☐ Mild ☐ Testing

Does child have any known food allergies? ☐ Severe ☐ Mild ☐ Testing

Other medical information regarding your child needs. \_\_\_\_\_

**If your child uses an inhaler for any medical condition, it is mandatory that we have it on site! If you have indicated that your child's allergy is severe, it will be necessary that they have an epi-pen in the office.**

**Every child that attends FBP will be evaluated by New Hope Therapy. We are hoping to help children meet their goals by catching any developmental, physical, or social issues early. We have chosen New Hope for their willingness to work with us, their Christian fundamentals, and the love they show the children. We are excited to add this resource to our program.**

**Every child will also have an eye exam. These are given by the Lion's Club each year (these are older volunteers and due to COVID they may not offer this in the year to come). They are non-contact and very easy on the kids. You will be informed of results at the end of each evaluation.**

## EMERGENCY (NON-PARENT) CONTACTS/AUTHORIZED PICK-UPS

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

☐ Pick Up ☐ Emergency Contact

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

☐ Pick Up ☐ Emergency Contact

## INFORMATION ABOUT FIRST BAPTIST CHURCH

Do you attend a local church? \_\_\_\_\_ Would you like information about FBC? \_\_\_\_\_

FBC children's ministry? \_\_\_\_\_ FBC youth ministry? \_\_\_\_\_

\_\_\_\_\_ I have read online or received a copy of the Arkansas Kindergarten Readiness Indicator Checklist

\_\_\_\_\_ Should my child need emergency treatment and neither parent nor doctor can be located, we hereby give permission to First Baptist Preschool for our child to be transported to the nearest doctor or hospital. The attending doctor and/or medical personnel have our permission to render any treatment necessary to stabilize our child's condition.

\_\_\_\_\_ I hereby authorize First Baptist Preschool to apply sunscreen/bug spray/topical ointments as needed.

\_\_\_\_\_ I hereby grant First Baptist Preschool permission to use photographs/video of my child to be displayed in the \_\_\_\_\_ school area, \_\_\_\_\_ website, \_\_\_\_\_ Facebook page, and in \_\_\_\_\_ our end of year program (seen by staff and FBP Families – Please see our handbook for more information) 1

Initial here if all apply.

\_\_\_\_\_ **I have received, read, understand, and agree to abide by the *Preschool Policies and Procedures* regarding discipline, tuition fees, and general guidelines as stated in their handbook. Handbooks are available online at [firsthotspring.com](http://firsthotspring.com) or a printed copy can be printed upon request.**

Signature of Responsible Party \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date: \_\_\_\_\_