

Quail Springs Baptist Church  
Weekday Ministries  
Preschool and Pre-K

2012 -2013

FOR OFFICE USE ONLY

Enrollment Fee \$ \_\_\_\_\_

Date \_\_\_\_\_

Time received \_\_\_\_\_

Check # \_\_\_\_\_

Placement \_\_\_\_\_

Children must be 3 or 4 by September 1st

Non-Refundable Enrollment Fee \$50

Class times:

Preschool 9:30am to 12:00pm Mon. and Wed.

I wish to enroll my child in: Please check all that apply

Extended Day 12:00pm to 2:30pm Mon. and Wed.

\_\_\_\_\_ Preschool (3's) \_\_\_\_\_ Pre-K (4's)

Pre-K 9:30am to 2:30pm Mon. and Wed.

\_\_\_\_\_ Mon. Extended

9:30am to 12:00pm Fri.

\_\_\_\_\_ Wed. Extended

\*\*\* All children entering Preschool or Pre-K MUST be potty trained and able to manage bathroom needs independently. \*\*\*

Child's Date of Birth: \_\_\_\_\_

Please fill out completely

Child's full name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Name child goes by: \_\_\_\_\_ Sex: M F

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Father's (or Guardian's) Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's (or Guardian's) Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address(es) where you would like school information to be sent: \_\_\_\_\_

Members of what church: \_\_\_\_\_

Siblings also enrolled in this program(names and ages) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Persons to contact (after parents) in case of emergency, and persons having permission to pick up child:

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Health Information

Child's usual physician or clinic \_\_\_\_\_ Phone: \_\_\_\_\_

Health Problems \_\_\_\_\_

Food Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Specify any physical disabilities or limitation in activities recommended and why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all prescribed medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other Information

This year we may take various pictures of your child that may be used in the classroom, for displays in our school, and/or slide shows for the parents and the school. Please circle yes or no below to indicate if we have permission to do so and sign.

Yes I give permission

Parent's Signature \_\_\_\_\_

No I do not give permission

All of our policies and procedures regarding things such as illness regulations, tuition due dates and late fees, late pick-up fees, etc., are outlined in our 2012-2013 Parent Handbook. Please read this carefully as it should answer many of your questions.

I have received a copy of the 2012-2013 Parent Handbook, and I agree to abide by the policies contained within.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

In order to accept this enrollment, we must have all necessary paperwork and the \$50 enrollment fee paid at the time of enrollment.

This enrollment fee is non-refundable.