



Child's Name _____

2024-2025 Preschool Registration

Eligibility for the 2 ½ year old class requires the child to be 2 by March 30th. Eligibility for the 3- and 4-year-old classes require the child to turn that age by September 30th and to be **COMPLETELY POTTY TRAINED**.

Final class offerings will be determined by the Center, based on staff availability and student interest.

Please mark your interest in order of preference (i.e., 1st, 2nd & 3rd).

<u>Half Day Program (9am-12pm)</u>		<u>Full Day Program (7am-6pm)</u>
_____ 2 ½ Year Old 2 days (M/W or T/Th)	_____ 4 Year Old 3 days (M/W/F)	_____ 4 days (3 or 4 year old)
_____ 3 Year Old 2 days (T/Th)	_____ 4 Year Old 4 days (M-Th)	_____ 5 days (3 or 4 year old)
_____ 3 Year Old 3 Days (T/W/Th)	_____ 4 Year Old 5 days (M-F)	
_____ 3 Year Old 4 Days (M-Th)		

Tuition and Activity Fees

	<u>Half Day(monthly)</u>	<u>Full Day (weekly)</u>	<u>Activity Fee (annual)</u>
2 Day Class	\$180/month		\$50/year
3 Day Class	\$215/month		\$75/year
4 Day Class	\$245/month	\$180/week	\$90/year
5 Day Class	\$275/month	\$190/week	\$100/year

Checklist for Registration

	Parent Check	Office Check
1. Application Form Completed **Please respond in every section and sign all three agreements	_____	_____
2. Volunteer Driver Information Sheet	_____	_____
3. Identity Verification (Birth Certificate) **New Students only	_____	_____
4. Virginia School Health Entrance Form **Returning 4's updated immunizations only	_____	_____
5. Registration Fee of \$75	_____	_____

***I understand that the registration fee is nonrefundable. Initial here _____**

****Current families only, draft this fee from my bank account/credit card in Smartcare, Initial here _____**

For Office Use Only

Date Registered:	Registration Fee Payment:	1 st month Tuition:
Class Enrolled:	Start Date:	End Date:
Birth Certificate Number:	Document Viewed:	Verified By: Date:



Bonsack Baptist WEEC

Application for Preschool Enrollment 2024-2025

Please complete every section. Incomplete applications cannot be accepted.

Child's Full Name (First, Middle, Last)	Preferred Name	Sex M F	Birth Date	Age
Child's Primary Address				
Child Lives with: ___ Mother ___ Father ___ Both ___ Other (please specify)			Is this child adopted? ___ Yes ___ No	Is this child in foster care? ___ Yes ___ No
Allergies	Primary language spoken in the home	Ethnic background		

Family Information

Father's Name	Employer	Occupation
Complete Home Address		Email Address
Home Phone	Work Phone	Cell Phone

Mother's Name	Employer	Occupation
Complete Home Address		Email Address
Home Phone	Work Phone	Cell Phone

Parent's Marital Status:	___ Married ___ Separated ___ Divorced ___ Single ___ Widowed/er		
Are there custody arrangements? ___ Yes ___ No	If so, please specify:		

Emergency Contacts

These will be used only if parents cannot be reached – **Must list at least 2 at separate addresses/this cannot be parents**

Name of Contact	Relationship to child	Contacts Address	Phone number	Emergency Contact (Yes or No)	Authorized to pick up (Yes or No)
1.					
2.					
3.					
4.					
5.					

Person(s) NOT authorized to pick up child:
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Child's Name _____

General Information

All children enrolling in the 3 or 4-year old program MUST BE COMPLETELY POTTY TRAINED prior to starting in the fall.

*Is your child completely potty trained? Yes ___ No ___

*Has your child had any previous preschool experience? Yes ___ No ___

If yes, name and type of school _____ Length of attendance _____

*List any previous childcare providers _____

*Is your child currently receiving or has your child previously received any services: i.e., speech, behavioral?

Yes ___ No ___ If yes, where and what type? _____

*Name of church where family worships regularly _____

*School your child will attend for kindergarten _____

*Other members of the family living at home (brothers, sisters, grandparents, etc.):

Name Age Relationship School Attending Name used by child

Emergency Care Information

*Health/Physical Problems _____

*Developmental Information/Special Accommodations needed _____

*Other important information (i.e., fears, difficulties, etc.) _____

*Current Medications _____

(Additional forms may be required for emergency medical conditions. Please see office if your child is on these medications)

Doctors Name:	Address:	Phone #
Dentist Name:	Address:	Phone #
Insurance Company:	Address:	Policy #

Policy and Procedure Agreements

1. The parent/guardian gives authorization for the child to participate in field trips. **Yes ___ No ___**
2. The childcare center agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up child as soon as possible if requested by the center. **Yes ___ No ___**
3. The parent/guardian authorizes the childcare center to obtain immediate medical care if any emergency occurs and the parent cannot be reached by phone. **Yes ___ No ___**
4. The parent/guardian agrees to inform the center within 24 hours or the next business day after the child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. **Yes ___ No ___**
5. The parent/guardian understands that the 3 & 4-year old's **MUST BE COMPLETELY POTTY TRAINED**. **Yes ___ No ___**
6. The parent/guardian gives permission for the child's teacher to change the child's clothing in case of an accident. **Yes ___ No ___**
7. The parent/guardian gives authorization to photograph the child and reproduce the child's picture in connection with any public relations on behalf of the center. **Yes ___ No ___**

Parent's Signature _____ Date _____

Administrator of Center _____ Date _____

Enrollment Agreement for Preschool Students 2024-2025 School Year

- A registration fee of \$75 is to be paid at the time of enrollment. Registration fees are non-refundable.
- Payments may be made by cash, check, or credit card. Checks will be processed as a bank draft.
- Should you have to withdraw for any reason during the school year a written notice to the office is required two weeks prior to the withdrawal date. You will be responsible for the two weeks tuition from the date the office is notified.
- A student will not be permitted to enter or continue in our program if any of his/her tuition fees or other charges are delinquent as determined by the preschool office.

Half Day Preschool

- We require that the first month's tuition payment be paid by August 1, 2024. This will be the first of your 9 equal tuition payments (September payment). Subsequent payments will be due September through April on the first of each month.
- **If we do not receive the first payment by August 1, 2024, the spot will become available for the next applicant.**
- A late fee of \$20 will be applied after the 30th of each month if payment has not been made.
- Tuition will not be discounted for any days unattended due to sickness or any other reason, such as weather-related closings.

Full Day Preschool

- Weekly tuition payments are due on Monday.
- Payments not up to date at the 30-day mark will be assessed a \$20 late fee.
- **All** programs at Bonsack Baptist Preschool will be **closed the week of Christmas**, December 23rd-27th; you will not be charged for this week.
- Year-Round students may select one additional vacation week during the year to be taken at no charge.
- **All other weeks of the year will be charged at your normal tuition rate.**

I understand the tuition policies and agree to meet all the above requirements.

Signature _____ Date _____

Handbook Agreement

- I understand that the Bonsack Baptist WEEC handbook is available online and that I can receive a hard copy upon request. I will review and abide by the polices set forth in that handbook.

Signature _____ Date _____