

# QSBC Weekday Ministries

## Enrollment Checklist

### 2022-2023

Please have the following items ready for each child at the time of enrollment. We will NOT enroll a child until all listed items are complete. Enrollment will only take place during school hours; Monday and Wednesday, 9:30 am - 2:30 pm and Friday, 9:30 am - 12:00 pm.

- 1) Completed MDO or Preschool/Pre-K enrollment packet
- 2) Immunization record or a doctor's note stating child is healthy and does not get immunizations.
- 3) Completed Emergency Medical Consent Form.
- 4) \$60.00 registration fee (if your check is returned, your child's spot will be lost, and you will need to re-enroll)

I wish to enroll my child in:

Mother's Day Out (for children 2 months – 2 years old)	_____ M/W 9:30am – 2:30pm
Preschool* (Must be 3 by September 1 <sup>st</sup> )	_____ M/W 9:30am – 12:00pm
Preschool Plus* (Must be 3 by September 1 <sup>st</sup> )	_____ M/W 9:30am – 2:30pm
Pre-Kindergarten* (Must be 4 by September 1 <sup>st</sup> )	_____ M/W 9:30am – 2:30pm & F 9:30am – 12:00pm

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

# Quail Springs Baptist Church Weekday Ministries

2022-2023

FOR OFFICE USE ONLY

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

Date \_\_\_\_\_

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

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

Placement \_\_\_\_\_

**Class times Monday/Wednesday 9:30 a.m. to 2:30 p.m. (Friday 9:30-12:00 Pre-K ONLY)  
Non-Refundable Enrollment Fee \$60**

**\*\*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: \_\_\_\_\_

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

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

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

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

Do you regularly attend a place of worship? \_\_\_\_\_

If yes, please tell us where: \_\_\_\_\_

Siblings also enrolled in this program (names and ages):

Primary Language Spoken at Home \_\_\_\_\_

Persons to contact (after parents) in case of emergency, and 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 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 2022-2023 Parent Handbook. Please read this carefully as it should answer many of your questions.

**I have received and READ a copy of the 2022-2023 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 \$60.00 enrollment fee paid at the time of enrollment. This enrollment fee is non-refundable.

**EMERGENCY MEDICAL CONSENT FORM**

Quail Springs Baptist Church Weekday Ministries has my permission to obtain emergency medical treatment for my child, \_\_\_\_\_ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

**Mother/Guardian's Name** \_\_\_\_\_

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

Email Address \_\_\_\_\_

**Father/Guardian's Name** \_\_\_\_\_

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

Email Address \_\_\_\_\_

My insurance provider is \_\_\_\_\_

My insurance member/group number is \_\_\_\_\_

My insurance phone number is \_\_\_\_\_

My child is taking the following medications  
\_\_\_\_\_

My child has the following allergies  
\_\_\_\_\_

My child is up to date on all immunizations Y or N, If no, please explain \_\_\_\_\_  
\_\_\_\_\_

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date