

# QSBC Weekday Ministries

## Enrollment Checklist

### 2023-2024

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 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) \$75.00 non-refundable enrollment 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.**

Child's Name: \_\_\_\_\_

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

FOR OFFICE USE ONLY			
Enrollment Fee \$ _____	Check # _____	Date _____	Assigned class _____
Time received _____		Placement _____	

Quail Springs Baptist Church  
Weekday Ministries  
2023-2024

**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 \$75**

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

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**Please fill out completely**

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

Name child goes by: \_\_\_\_\_

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

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

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

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 \_\_\_\_\_

## Emergency Contact Information

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

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

Best number to be reached at: \_\_\_\_\_

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

Best number to be reached at: \_\_\_\_\_

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

Best number to be reached at: \_\_\_\_\_

## 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: \_\_\_\_\_

\_\_\_\_\_

## Tell Us About your Child

What is the best way to describe your child? What are their strengths? What upsets them? What motivates them? What ways would you like to see your child grow?

*\*\*This is for office use only. The information will be used to help place your child in the best fit class.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Other Information

We are on social media! Our Facebook page (Facebook: Quail Springs Baptist Church Weekday) is used to share news, reminders, and information about our program. Please let indicate if we may include your child on our Weekday Facebook **and sign** below.

☐ 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 2023-2024 Parent Handbook, and I agree to abide by the policies contained within.**

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

To accept this enrollment, we must have all necessary paperwork and the \$75.00 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 childcare.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date