

QSBC Weekday Ministries

Enrollment Checklist

2020-2021

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/PreK 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) \$50.00 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:

PreSchool _____ 9:30am - 12:00pm

PreSchool Plus _____ 9:30am - 2:30pm

PreKindergarten _____ M/W 9:30am – 2:30pm & F 9:30am – 12:00pm

Quail Springs Baptist Church
Weekday Ministries
PreSchool and PreK

2020-2021

FOR OFFICE USE ONLY

Enrollment Fee \$ _____

Date _____

Time received _____

Check # _____

Placement _____

Children must be 3 or 4 by September 1st
Class times 9:30 a.m. to 2:30 p.m.
Non-Refundable Enrollment Fee \$50

I wish to enroll my child in:

_____ PreSchool (Mon/Wed 9:30 am – 12:00 pm)

_____ PreSchool Plus (Mon/Wed 9:30 am – 2:30 pm)

_____ PreKindergarten (Mon/Wed 9:30 am – 2:30 pm, Fri 9:30 am – 12:00 pm)

****All Children entering PreSchool or PreK 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. We will not use these pictures on the web or for advertising purposes. 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 2020-2021 Parent Handbook. Please read this carefully as it should answer many of your questions.

I have received a copy of the 2020-2021 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 \$50.00 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 or Guardian

Date