

Quail Springs Baptist Church  
Weekday Ministries  
Preschool and Pre-K

2010 -2011

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.

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

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

9:30am to 12:00pm Fri.

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

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

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

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

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

*Please fill out completely*

Child's full name: \_\_\_\_\_ Today's date \_\_\_\_\_

(Last) (First) (Middle Initial)

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

Parents or Guardians Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ WorkPhone: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ WorkPhone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Email address 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/Relationship Telephone Number

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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: \_\_\_\_\_

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

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Other Information

This year we may take various pictures of your child that may be used in promotional materials. 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 2010-2011 Parent Handbook. Please read this carefully as it should answer many of your questions.

I have received a copy of the 2010-2011 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.

