

January 14, 2019

Dear Parents:

Thank you for your interest in our Weekday early Education Program. In order to register your child in our program for fall 2019, the following three items are **required** at the time of registration:

- 1) Completed application packet
- 2) \$75 registration fee + \$196.00 (May 2020 tuition paid in advance)
- 3) Current printed immunization form from a physician or health department

*If you withdraw your child after school starts and prior to May, the prepaid May tuition can be moved to cover the last month that the child is enrolled if:

- 1) Notification of withdrawal is given at the beginning of the last month that he/she will be attending.

And

- 2) Tuition for the last month that the child will be attending has not already been paid.

If you withdraw your child prior to the beginning of school, the registration fee and last month's tuition will not be refunded.

Fees may be paid by cash, check, debit or credit card (Visa, MasterCard, and Discover). Please make checks payable to Weekday Early Education (WEE) with your child's first and last name in the note/memo section. Completed application packets should be brought to the preschool office. Please note: Upon appointment, forms can be notarized in the preschool office.

If you have any questions, please call the preschool office at 312-3472.

Sincerely,

Kristy Dunaway
Preschool Ministry Director
KD/lh

Office Use Only

Office Use Only

NLE as of _____

Reason: _____

May _____

Key fob Rtd _____

Reg Fee _____ May _____ Key _____ Date _____

BD Shot Rec Key Non-Refund Email Phone #
Emer Form-Dr Name/# Emer Contacts Notarized

Permission to photo Authorized to pick up card

Copy Handbook/sign Acpt Ltr Copy Tuition Pymt Policy/sign

Reg Log Invoiced Info Ent MP Class _____

**First Baptist Church
Weekday Early Education
Application Form 2019 – 2020**

Child's Name _____ Birth Date _____

Please indicate the appropriate age group. The age group is determined by the child's age by the 15th day of August:

One Year Olds

DOB: 8/16/17 – 8/15/18

() **Tuesday**
9:30a.m. – 3:00p.m.
Registration - \$75
Monthly tuition - \$98.00

() **Thursday**
9:30a.m. – 3:00p.m.
Registration - \$75
Monthly tuition - \$98.00

() **Tuesday and Thursday**
9:30a.m. – 3:00p.m.
Registration - \$75
Monthly Tuition -\$196

Two Year Olds

DOB: 8/16/16 - 8/15/17

Three Year Olds**

DOB: 8/16/15 – 8/15/16

Four Year Olds**

DOB: 8/16/14 – 8/15/15

() **Tuesday and Thursday**
9:30a.m. – 3:00p.m.
Registration - \$75
Monthly Tuition -\$196

() **Tuesday and Thursday**
9:30a.m. – 3:00p.m.
Registration - \$75
Monthly Tuition -\$196

() **Tuesday and Thursday**
9:30a.m. – 3:00p.m.
Registration - \$75
Monthly Tuition -\$196

**** Children in this class must be completely potty trained**

Name and address of responsible party for billing of tuition: _____

I understand that the registration fee and May prepaid tuition are not refundable. (Please initial) _____

I have received a copy of the Parent Handbook (Please initial) _____

I have received a copy of the Tuition Payment Policy (Please initial) _____

**FIRST BAPTIST CHURCH
WEEKDAY EARLY EDUCATION**

Office Use Only

INFORMATION CONCERNING THE CHILD

Child's Name _____ Birth Date _____

What name does child like to be called? _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Home Telephone Number _____

With whom does the child live? _____

Are there any custody issues we need to be aware of? _____

Does the child speak English? YES / NO

What language besides English is spoken at home? _____

Fears and Dislikes _____

Behavioral habits (nail biting, finger sucking, biting, etc.) _____

How is child disciplined at home? _____

Playmates _____

Pets _____

ALLERGIES (RESPIRATORY OR FOOD)

Is the child potty trained? YES / NO

Does the child stay with a babysitter? YES / NO

(children enrolling in 3 & 4 MUST be fully potty trained)

Does the child attend Sunday School YES / NO Where? _____

Please share any other information which would be helpful to their teacher, i.e. ongoing/re-occurring medical conditions, learning abilities, etc.:

INFORMATION REGARDING THE FAMILY

Please fill out this form completely.

Father's Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Telephone Number _____ **Email** _____

Place of Employment _____ **Occupation** _____

Work Phone _____ **Cellular/Mobile Phone** _____

Religious Affiliation _____

Mother's Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Telephone Number _____ **Email** _____

Place of Employment _____ **Occupation** _____

Work Phone _____ **Cellular/Mobile Phone** _____

Religious Affiliation _____

Names and Ages of Siblings:

_____	_____
_____	_____
_____	_____

How did you hear about our program? _____

**COLLIERVILLE FIRST BAPTIST CHURCH
WEEKDAY EARLY EDUCATION
EMERGENCY AUTHORIZATION AGREEMENT**

I, _____ parent of _____
Age _____, hereby state that I am the natural guardian (legal guardian) and have legal custody of _____.
My child's physician is Dr. _____
Telephone Number _____

While I am availing myself and my child for the services of care at COLLIERVILLE First Baptist Church, I can be contacted at the following number _____. In the event neither parent can be contacted, in case of an emergency, please contact one of the following people (**not to include either parent**) whom I hereby, upon execution of this notarized form, give the express authority to designate what medical treatment should be given my child in my absence:

**LOCAL EMERGENCY CONTACTS
(Please list three not including either parent)**

1. Name _____
Relationship _____
Telephone Number _____

2. Name _____
Relationship _____
Telephone Number _____

3. Name _____
Relationship _____
Telephone Number _____

In the event that neither I nor the person(s) named above as an emergency contact, nor the doctor named above can be contacted, I hereby designate and authorize a representative of Collierville First Baptist Church to contact and obtain whatever treatment is necessary for my child, should an emergency exist.

In the event of emergency, I further authorize the appropriate personnel at the Emergency units of the private and city hospitals here in Collierville or Memphis to render to my child whatever treatment is necessary under the circumstances.

Signed _____ Date _____
(Must be signed in the presence of notary)

I further hereby waive any liability on behalf of Collierville First Baptist Church or its personnel for efforts to obtain treatment for my child in the event of an emergency and in the event I or my emergency contact cannot be located.

Notary Public

My Commission Expires: _____

Tuition Payment Policy 2019-20

Weekday Early Education is a nonprofit but self-supporting program of Collierville First Baptist Church which operates solely on tuition revenues.

Our Weekday Early Education tuition policy is as follows:

1. At the time of registration: a non-refundable annual registration fee of \$75 and non-refundable last month tuition (May 2020) along with key card/tag fees are due.
2. Tuition Obligation: Parents agree to make full tuition payments according to the fees on the WEE enrollment application.
3. Payment schedule: Parent/Guardian will pay annually or monthly.
4. Withdrawal policy: All withdrawals must be in writing addressed to Lisa Hawkins Preschool Ministry Assistant. All payments due and paid up to the date of withdrawal are non-refundable.
5. Past Due Accounts: Parent/Guardian acknowledges that if the student's account is past due, the Student may not be permitted to enroll for the next school year. The School reserves the right to delay admission, suspend, or dismiss any student when the tuition account is past due at any time during the year. However, it is not our desire to suspend enrollment if a family is experiencing financial hardship. If this is the case please contact the Director.
6. Late and Returned Payments: There will be a \$36 charge for each returned check. Tuition is due on the first of the month. There will be a \$10 charge for payments received after the 15th of the month.

The monthly tuition will be the same each month (September-May) regardless of the number of school days in the month.

Tuition can be paid annually in advance if you choose to do so; however, no discount will be given. Tuition is divided into 9 equal payments with the final payment (May 2020) being prepaid at registration. The other 8 payments are due on the first day of each month, September through April, and are not considered to be late until after the 15th of the month. A monthly billing statement will be sent home with the child on the last school day prior to the month that the tuition is due. Any questions regarding your monthly invoice should be directed to Lisa Hawkins in the preschool office. If payment is not received by the end of the month that it is due, your child will not be allowed to attend our program until the financial obligation is met or payment arrangement is made with the preschool office.

If your child is absent for any reason during the month whether due to sickness or vacation, there will be no refund. In order to hold your child's place in the program in the event of absence, the entire tuition must be paid. A place is reserved for all enrolled children; space and equipment are provided and teachers are employed to instruct; therefore, tuition is due whether the child is present or absent.

Tuition may be paid by cash, check, debit or credit card (Visa, MasterCard, and Discover). Please note: debit and credit card payments can be paid online for **tuition only** at www.cfbcfamily.org/preschool. There will be a transaction fee applied to online payments as well as in office CC payments. Cash payments must be turned in to the preschool office. Checks made payable to WEE may be mailed to the church or turned in at the preschool or main office. Please write your child's first and last name on the memo line.

The Director and the Ministry Assistant will review this policy on an annual basis prior to each school year.

I have read the **2019-2020 Tuition Payment Policy** and agree to abide by the policies and procedures as specified by Collierville First Baptist Church/Weekday Early Education.

Parent signature _____ Date _____

Parent name (please print) _____

Child's name _____

Keyless Entry and Video Camera Systems

The keyless entry and video camera system at Collierville First Baptist Church provides an additional feature of security for the children enrolled in the Weekday Early Education Program. The preschool area will remain locked during the time that classes are in session. As a parent, you will be able to open the doors with your card/key tag which will be issued at the parent's meeting just before the beginning of the school year. These card/key tags will operate the doors on Tuesday and Thursday during school hours starting at 9:25 a.m. Enclosed with the registration materials, you will find a Keyless Entry System form. This must be completed and turned in with the registration forms in order to allow time for your key to be programmed and issued at the parents meeting.

There is the option of having one or more cards, one or more key tags, or a combination of the two. These items will be paid for when you register.

Parents of returning students will receive the card(s)/tag(s) which were turned in at the end of the previous school year. These cards were deactivated on the last day of school. They will be reprogrammed and reactivated for the new school year. If you would like additional cards or tags, you may indicate this on the form.

If you lose a card/key tag, please notify someone in the preschool office immediately in order that the card/key tag can be deactivated. There will be a replacement fee of \$5 for a card and \$10 for a key tag.

The Preschool hallways and classrooms are equipped with video cameras which record all activities occurring in the area. This is an added measure to further insure the safety of the children.

Keyless Entry System

(One form per family to be turned in with application)
2019-2020

Child(ren)'s Name _____

New Students

I prefer to have the following:

_____ # Cards x \$5.00 each	\$ _____
_____ # Key Tags x \$10.00 each	\$ _____
Subtotal	\$ _____
Total	\$ _____

Returning Students

I prefer to have the following:

_____ # Cards and/or key tags from previous year (reactivated)

Along with my returned card/key tag please ADD these items:

_____ # Cards x \$5.00 each	\$ _____
_____ # Key Tags x \$10.00 each	\$ _____
Total	\$ _____

Office use only

Invoice Date _____ Amount _____ Activation Date _____

Key tags	Cards
_____ R L	_____ R L
_____ R L	_____ R L
_____ R L	_____ R L
_____ R L	_____ R L