



**"THIS I KNOW" DAY SCHOOL  
ENROLLMENT FORM  
2025-2026  
A MINISTRY OF IMMANUEL BAPTIST CHURCH**

**Registration/Supply Fee is \$100  
and due with this application in order to secure your child's spot.**

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Attends Church at \_\_\_\_\_

Father's Name \_\_\_\_\_ Driver's License \_\_\_\_\_ Mother's Name \_\_\_\_\_ Driver's License \_\_\_\_\_

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

**Phone numbers to be reached at while child is in our care:**

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

Father's place of Employment \_\_\_\_\_

Mother's place of Employment \_\_\_\_\_

**Emergency Contact (If parents cannot be reached):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Driver's License \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Driver's License \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and ages of any siblings: \_\_\_\_\_

I hereby authorize my child to leave the Day School facility ONLY with the following persons (in addition to parents and emergency contacts):

Name: \_\_\_\_\_ DL#: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DL#: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Hours:**

**Tuesdays and Thursdays  
9:00am-2:30pm**

**Early Drop Off:**

Available from 8:00-8:55am  
for an additional \$30.00 a month

**Registration/Supply Fee:**

A \$100 Registration/Supply Fee  
must be received with this form in order to  
secure your child's spot in the Day School.

**Monthly Tuition (per class):**

Toddler(1yr. and walking): \$160/month  
Younger Twos: \$160/month  
Older Twos: \$160/month  
Threes: \$150/month  
Pre-K: \$150/month  
Multiple Children: \$15 discount on total monthly tuition

**CLASSES:**

Toddlers: 8 Spots  
Younger Twos: 8 Spots  
Older Twos: 10 Spots  
Threes: 12 Spots  
Pre-K: 12 Spots



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