

Date Application Received _____

Group # _____

Date entered care _____

FIRST BAPTIST PRESCHOOL
735 Park Street
Charlottesville, VA 22902
www.fbpreschool.org
2019 - 2020

App. _____
Regis. _____
B.C. _____
Health _____
Days _____

AGE REQUIREMENT:

- Date of birth on or before March 15, 2017 to enroll in Preschool (2 ½ years old by September 1)
- Date of birth on or before September 30, 2014 to enroll in Kindergarten (5 years old by September 30)

SCHOOL HOURS:

- Preschool and Transitional Kindergarten 8:40-12:00
- Kindergarten 8:40-1:00

APPLICATION FEE (ONE PER FAMILY):

- \$70 *non-refundable* application fee (\$35 for First Baptist Church members)
- \$95 *non-refundable* kindergarten application fee (\$50 for First Baptist Church members)

REGISTRATION FEE:

- **One month's tuition** is due with the application and will be applied to May 2020 tuition. This fee is **non-refundable** after May 31, 2019.

HEALTH FORMS:

- Immunizations must be current, and a physical exam is required within twelve months prior to the start of school.

BIRTH CERTIFICATES:

- *The original birth certificate must be seen.*

CIRCLE PROGRAM PREFERENCE

PLEASE INDICATE FIRST AND SECOND CHOICE

Tuesday / Thursday	\$225.00 / month
Monday / Wednesday / Friday	\$290.00 / month
5 days	\$350.00 / month (2 ½ and 3 year olds)
Transitional Kindergarten/Pre-K	\$370.00 / month (Monday – Friday)*
Kindergarten	\$410.00 / month (Monday – Friday)

*PLEASE CHECK OUR WEBSITE OR COME TO THE OFFICE FOR MORE INFORMATION REGARDING THE TRANSITIONAL KINDERGARTEN PROGRAM.

GENERAL INFORMATION

Child's Name _____ Name Used _____

Address _____ City _____ St _____ Zip _____

Telephone (____) _____ Birthdate _____ Sex _____

Father's Name _____ Father's Age _____

Father's Occupation _____

Father's Business Address _____ Phone _____

Father's Cell Phone _____ E-mail Address _____

Mother's Name _____ Mother's Age _____

Mother's Occupation _____

Mother's Business Address _____ Phone _____

Mother's Cell Phone _____ E-mail Address _____

Status of parents: Married _____ *Single _____ *Separated _____ *Divorced _____ Deceased _____

*If you marked single, separated, or divorced, please indicate below if you would like that parent contacted in emergency situations or in other situations that you specify below.

Contacted Not Contacted

Specify Situation(s): _____

How did you hear about our school?

Teacher requests are accepted. *Please use a separate piece of paper and attach your request to this application. We immediately start placing children in classes. You must have a sound educational reason and the request must accompany the application. First Baptist Preschool reserves the right to accept or decline the requests based on insufficient reasoning or classroom space and dynamics.*

First Baptist Preschool has a limited number of scholarships available. If you need some financial assistance, you may come by the FBP office and pick up a scholarship application. Our Preschool Committee needs all completed forms returned to the Preschool office by May 1, 2019.

***** FEES AND POLICIES *****

I agree to pay the monthly fee of \$_____ (due on the first of each month) for my child's education at FIRST BAPTIST PRESCHOOL and understand that I need to give a month's notice, in writing, for withdrawal or the subsequent month's tuition will be charged. I also understand that my May 2020 registration fee is non-refundable after May 31, 2019.

Please make checks payable to FIRST BAPTIST PRESCHOOL or FBP.

Parent Signature _____ **Date** _____

1. Is your child toilet trained? _____
2. Did your child attend preschool before? _____ Where? _____
3. Does your child have an IEP or Service Plan? _____ If yes, please explain _____

**FIRST BAPTIST PRESCHOOL cannot accept most children with an IEP or Service Plan because we do not have the training required to meet the need. However, please give your explanation above and a conference with the Director can be arranged for further discussion.*

4. Is there any information concerning your child that would help us to understand him/her better?

5. Does your child have allergies? If so, please list. _____
6. Does your child take prescription medication for allergies? If so, please list medications.

7. Name, age and sex of other children in the family _____
8. List any other persons who are living in the household _____
9. Name of person responsible for childcare if both parents work: _____ Phone _____
10. How is your child disciplined in the home? _____

RELIGIOUS AFFILIATIONS

- Is father a Christian? _____ What church does father belong/attend to? _____
- Is mother a Christian? _____ What church does mother belong/attend to? _____
- Does your child attend Sunday School? _____ If so, where? _____
- Would you like to be contacted by someone at First Baptist Church? _____

FIELD TRIP PERMISSION

Parents are required to participate on all driving field trips. If you cannot participate, you will need to find another adult to be responsible for your child. Please let the teacher know in writing the arrangements you have made. Some classes will also take walking field trips. You will be notified of these types of trips ahead of time, but you may not be required to attend.

I give permission for my child to attend all field trips:

Parent Signature: _____ Date: _____

CLASSMATE LIST RELEASE

Your signature releases the teacher to add your name, your child's name, your address, your email, and phone number(s) to a list with other classmates. The teacher will hand out the list to each parent for personal use (birthday parties, playdates, etc.)

Parent Signature _____ Date _____

Check this box if you **DO NOT** want to be on the classmate list release.

PHOTO RELEASE

Your signature releases FBP to use photos and/or videos of your child for school and church use only. This includes our website and Facebook page. Your child's name will not be used.

Parent Signature _____ Date _____

Check this box if you **DO NOT** want your child photographed for FIRST BAPTIST PRESCHOOL use.

PRESCHOOL COMMUNICATION

Please indicate below how you would like to receive monthly newsletters and other information.

Check this box if you would like information emailed to you. Please print the email address(es) you would like for us to use: _____

Check this box if you would prefer a paper copy of all FBP news.

PICK-UP RELEASE

The names below will be added to your child's permanent pick-up list. Your child will be released to the parents/guardians and to those listed below. Please list only those people who will be **regularly** picking up your child. If your child is to be picked up by somebody not on this release form, send a note to the teacher.

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

EMERGENCY SITUATIONS

(Please read carefully!)

In situations due to sudden illness or an accident parents would be the first to be contacted. There are times, however, when we are unable to contact either parent. For these times we ask that you list two names of LOCAL people who would assume responsibility for your child.

Keep in mind that your child should know these people. When your child is sick or hurt, being picked up by a stranger would not be a good experience for him/her. We will assume that your child can be released to these names also.

Please make sure the people listed are aware that you have given us permission to call them. Also keep in mind if you use work numbers of friends or relatives, they need to be willing to leave their job to come and pick up your child.

Name _____ Phone _____ Relation _____

Address _____

Name _____ Phone _____ Relation _____

Address _____

Physician's Name _____ Phone _____

Hospital Preference _____

Parents agree to inform the school within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease as defined by the State Board of Health, except for lifethreatening diseases which must be reported immediately.

I give permission for First Baptist Preschool to seek emergency medical care should an emergency occur and the parent cannot be located immediately, unless the parent presents a written objection for the provision of medical treatment on religious or other grounds.

Parent Signature _____

Date _____

Provisions of the Emergency Plan

Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- Immediate evacuation – Children are evacuated to a safe area near the school in the event of a fire, etc.
- Shelter-in-place/lockdown – Sudden occurrences, weather, or hazardous materials in the area may dictate that taking cover inside the school is the best immediate response.
- Relocation – Total evacuation of the school may become necessary if there is a danger in the area. In this case, children will be taken to a relocation site at First Presbyterian Church.

We will have your contact information with us and you will be contacted as soon as possible following any emergency action so that arrangements can be made for you and your child to be safely reunited.

In your child's record at this school are the names of persons you have authorized to pick up your child if you are not able to do so. Please ensure that only those persons you have authorized attempt to pick up your child.

In order to assure the safety of your children and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Plan or if you would like to view the plan, please let us know.

Parent Signature

Date

BEFORE CARE AND AFTER CARE

Before and After Care will start the first full week of school. You will be charged for the days you sign up for unless you give the office prior notice of absence.

PLEASE COME BY THE FBP OFFICE DURING PARENT ORIENTATION IN THE FALL TO SIGN UP FOR THIS SERVICE.

BEFORE CARE

1. Permanent Before Care begins at 8:00 a.m. and will be based on the number of days you choose. It will be billed with your tuition. You will be charged for the days you sign up for unless you give the office prior notice of absence.

- Rate: \$5.00 per day

2. Drop-in Before Care begins at 8:00 a.m. and will be billed the following month. Please call the office **at least one day prior** to the drop-in day.

- Rate: \$7.00 per day

AFTER CARE

1. Permanent After Care will be based on the number of days you choose. It will be billed along with your tuition. You will be charged for the days you sign up for unless you give the office prior notice of absence.

Session 1: 12:00-1:30 - \$13.00 per day

Session 2: 12:00-3:00 - \$18.00 per day

Kindergarten: 1:00-3:00 - \$15.00 per day

2. Drop-in After Care will be charged as follows and will be billed the following month. Please call the office **at least one day prior** to the drop-in day. Drop-in care is based on availability.

Session 1: 12:00-1:30 – \$15.00 per day

Session 2: 12:00-3:00 – \$20.00 per day

Kindergarten: 1:00-3:00 – \$17.00 per day

There will be a \$5.00 late fee assessed for every 5 minutes after 3:00 that you pick-up your child. The standard we will use to determine the time are the school clocks, which are set to world time. Three or more late pick-ups may result in suspension of this service.