



Dear Preschool Parent,

Thank you for the interest you have expressed in our preschool program. We are excited about the prospect of ministering to you and your family through our preschool!

We offer a program for *full-time* (five days per week) or *part-time* (three days per week M, W, F, OR half days for five days per week). Summer care is offered each summer and is available on a 3-day or a full-time basis. Please, designate when filling out your paperwork which payment option you need and when you are interested in starting. If you have immediate childcare needs, please call the preschool office as to what the availabilities are at present.

The decisions you make concerning your child's education are among some of the most important you will make as a parent. Our ministry at Metro is geared toward giving your child the best introduction to reading and math that is available. The other aspect of our program that we feel to be just as important is the spiritual emphasis. This emphasis is what distinguishes our preschool from secular preschools. We have the opportunity not only to teach academics, but to teach these precious children about a God who loves them and wants them to grow "in grace and in knowledge." Our spiritual training is done through daily Bible lessons, weekly chapel times, and the day-to-day teaching of right and wrong. If you are looking for a program that seeks academic excellence and godly training, please consider Metro Baptist Preschool.

Included in this packet are all the forms needed to enroll your child in our preschool. A slot in our fall preschool program is reserved for your child when: **(1) a pre-enrollment tour is completed, (2) the enclosed paperwork is filled out and submitted to the office, and (3) the \$75.00 registration fee is paid.** Before your child may attend preschool, the office will also need a copy of your **Child's Birth Certificate and State of Tennessee Immunization Form**. The immunization form can be obtained either at your child's doctor's office or through the health department. The immunization portion of the form must be completed and the box labeled "preschool ready" must be checked. A complete physical is not required until five-year-old kindergarten.

Thank you for your interest in our preschool and if we can be of any assistance, please give us a call. We would love to help you with your childcare/educational needs.

In His Service,

Cyndi Augustin, Preschool Director



OFFICE USE ONLY

Reg. Fee: _____ CK# _____ Nap Mat: Yes or No

Class Fees: _____ CK# _____

Date App. Rec'd: _____

Start Date: _____ Withdrawal Date _____

Tour: _____ Birth Cert: _____ Immunize.: _____

App. 1: ___ OB/CF Finance 2: ___ OB ACH 3: ___ OB

Illness Info. 4: ___ OO/CT Emergency 5: ___ OO/CT

Admissions 6: ___ OO/no copy Trans. 7: ___ OO/CT

Health Hist. 8: ___ OT/no copy Health Hist. 9: ___ OT/no copy

Date of Application ____/____/____ Applying for: K3 K4 Fall 2021

Attendance Full Time Half Days (5 days/wk) 3 Days (Monday/Wednesday/Friday *ONLY*)

There are a limited number of part-time spots available. I'd like my child to start on: _____

Student Information

Last Name: _____ First: _____ Middle: _____ Date of birth: ____/____/____
Month Day Year

Goes by: _____ Gender: ___M___F Ethnicity: _____ U.S. Citizen: Yes No (If no, immigration status card is required to be on file in the office)

Social Security #: _____ Medical Allergies: _____

Street Address where the child resides: _____

City: _____ State: _____ Zip: _____ County: _____

Family Information

Father:

Last Name: _____ First: _____ Lives with child? Yes or No

Phone: _____ Email: _____

Mother:

Last Name: _____ First: _____ Lives with child? Yes or No

Phone: _____ Email: _____

Who is the legal guardian of the student? _____ If there is a parenting plan, please list the information that would apply to pick-up and drop-off. A copy of the court papers must be on file for us to enforce the plan. Metro Baptist Preschool **will not** enforce restrictions on a parent or legal guardian without current court papers provided.

Sibling (s) (1.) _____ Age _____ Grade _____ At Metro? Y or N

(2.) _____ Age _____ Grade _____ At Metro? Y or N

Church Attending: _____ Pastor: _____

State any chronic health, emotional or physical problem the student may have: _____

Please list any other preschools or day care centers your child has attended: _____

Have you ever been asked to un-enroll your child from childcare? Yes / No If yes, for what reason? _____

How did you hear about Metro Baptist Preschool? If a Metro family referred you to us, please name them on the space provided below. We would like to thank them. _____

Acknowledgement of Tuition Responsibility

1) REGISTRATION FEE (non-refundable)	\$75	Annually	This fee must accompany application	
2) CLASSROOM FEES (non-refundable)	Special Activities/Shirt Fee	\$50	Annually	Due 8/1/2021 or upon enrollment
	Book Fee	\$90	Annually	Due 8/1/2021 or upon enrollment
	Supplies	\$50	Annually	Due 8/1/2021 or upon enrollment
	Mat	+\$35	If needed	Due 8/1/2021 or upon enrollment
	Classroom Fees Total	\$225	Annually	

3) TUITION-CONTRACT "A" - Full Year: August 03, 2021 to July 27, 2022

Full-time: (7:00am–6:00pm) **\$173 Weekly** - Payable weekly, in advance.

4) TUITION-CONTRACT "B" - School Year Only: August 03, 2021 to May 20, 2022



CHECK
ONE

Full-time (7am–6pm) **\$173/week**

3-day M, W, F Only (7am-6pm) **\$127/week**

Half-Day (7am-1pm) **\$127/week**

5) DISCOUNTS

ACH (Automatic Check Withdrawal) \$3/week full-time --- no ACH discount available for part-time

Metro Baptist Preschool does not have multiple child discounts. Siblings of preschool students (kindergarten - 12th grade) who attend MCA are eligible for the academy's multi-child discounts.

6) HOT LUNCH and DAILY SNACKS - included in the above tuition

WEEKLY TUITION FEES WILL NOT CHANGE FOR DAYS WE ARE CLOSED!

PAYMENT POLICY: Preschool payments must be made in advance. Payments are due the Friday before the following week of care.

AFTER HOURS/LATE PICK UP for FULL DAY STUDENTS: If your child is picked up between 6:00pm - 6:30pm, there will be a \$15 charge per quarter hour. At 6:30pm, the charge doubles to \$30 per quarter hour. This will be billed on your next tuition payment.

LATE PICK UP FOR HALF DAY STUDENTS: If your child is picked up after 1:15pm there will be a \$15 charge per quarter hour of late pick up after 1:15 pm. This will be billed on your next tuition payment.

VACATIONS AND SICK WEEK: VACATIONS – Each student has two “free” vacation weeks (10 full days for full-time students, 6 full days for 3-day a week students, 10 - ½ days for the ½ day students (8/3/21 – 7/27/22). The child may not attend Metro Baptist Preschool during vacation days. There will be no fees for vacation days, as long as written notice is given on a vacation request form. SICK WEEK – The full-time weekly fee will be reduced by 50% when children are absent an entire week (5 consecutive preschool days) due to illness. The business office requires a doctor's excuse be sent to the business office in order for this discount to be applied to your account. There is no reduction of fees offered if your child is present any part of any day during the week or is enrolled as a part time student.

GENERAL POLICIES

GENERAL PAYMENT POLICIES: There is not a reduction of weekly or monthly fees for weeks with holidays or preschool closings. Any patron with an account that is delinquent will be expected to bring that account current or withdraw their child. Please do not ask us to “hold” post-dated checks for you. We expect payment on time. We are a full-time preschool. We cannot “hold spots” over the summer or during the school year. In order to keep your child enrolled, the weekly or monthly tuition must be paid no matter what days your child is present.

SUMMER CARE FOR CONTRACT "B" STUDENTS: Summer care for “school year only” students is handled independently on a weekly payment plan. Summer care intentions must be made in writing to the office by March 1st each year to insure your child has a spot.

TERMINATION NOTICE: Two weeks advance written notice is required to withdraw your child. Please let the office know as soon as possible of a decision to not attend our preschool.

PLEASE
INITIAL

_____ I/WE HEREBY ACKNOWLEDGE THAT I/WE HAVE READ METRO BAPTIST PRESCHOOL'S TUITION POLICY AND ACCEPT MY/OUR RESPONSIBILITY TO KEEP MY/OUR ACCOUNT UP TO DATE.

_____ I AGREE TO PAY THE SERVICE FEE OF \$25.00 IN THE EVENT MY CHECK IS RETURNED TO THE PRESCHOOL BY MY BANK FOR INSUFFICIENT FUNDS.

_____ I UNDERSTAND MY ACCOUNT MUST BE CLEARED BEFORE ANY PRESCHOOL RECORDS WILL BE FORWARDED.

_____ I AGREE TO BE RESPONSIBLE FOR ANY AND ALL COLLECTION FEES WHICH METRO BAPTIST PRESCHOOL MAY INCUR UPON MY FAILURE TO PAY MY ACCOUNT.

Child's Name (Please Print)

Parent/Guardian (Please Print)

Parent's Signature

Date

Parent's Social Security #

Parent's Email Address

Billing Name(s) and Address (Persons responsible for paying the bill)

Metro Baptist Preschool Automatic Withdrawal Form (ACH)

Student Name: _____

Parent Name: _____

YES, please enroll me in Metro Baptist Preschool's ACH (auto bank draft) program, qualifying me for tuition discounts of \$3/week for full-time in accordance with tuition schedule. (ACH is available for part-time students, however no discount will be applied.)
Complete this form to enroll.

NO, I do not want to use Metro Baptist Preschool's ACH (auto bank draft) program.

Completion of the bottom portion is not required unless you are participating in the Automatic Withdrawal payment plan.

Authorization Agreement of Pre-Authorized Payments

I (we) hereby authorize Metro Baptist Church/Metro Baptist Preschool to initiate a debit entry to my checking account indicated below.

Parent Name (as shown on bank account): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Routing No.: _____ Account No.: _____

ATTACH A VOIDED CHECK TO THIS AUTHORIZATION

** Any late pick-up or additional fees will be automatically drafted unless previously paid in office.

This authority is to remain in full force and effect until MBP/MBC has received written notification from me (or either of us) of its termination. This termination notification must be received **10 days prior** to the next scheduled withdraw date. We must also receive the 10-day notice if changing accounts.

DATE: _____

If second signature is required:

NAME: _____
(please print)

NAME: _____
(please print)

SIGNED: _____

SIGNED: _____

Illness Information for Teachers

Child's Name: _____
*Last**First**Middle**Date of Birth*

Goes By _____ *What name you want them to write in class*

Number the boxes in the order you want to be contacted in the event your child is ill.

Father: _____
*Name**Employer**Work #**Cell #*

Mother: _____
*Name**Employer**Work #**Cell #*

Other: _____
*Name**Relationship**Contact number*

Other: _____
*Name**Relationship**Contact number*

Allergies: Food, medications, etc.

Medical Conditions

Allergic to:	Reaction to watch for:	Steps to take to address reaction:	Medical Condition:	Symptoms which aggravate condition:

Medications your child takes regularly.

Name of Medication	Dosage	Possible Side Effects

**The health of the children is of major importance to us. For this reason, no child should attend MBP with any of the following symptoms: Fever of 100° or higher (or has had fever in the last 24 hours), signs of nausea, diarrhea, and/or vomiting, unexplained rash, or drainage from the eyes. Children with strep throat or “pink eye” must be on antibiotics for at least 24 hours before returning to class. In cases of head lice, we have a “nit free” policy. Once a child is sent home for head lice, a head exam must be done in the school office before they may return.

Administration of Medications at Metro Baptist Preschool

All personal medications given to children at MBP must be in their original containers and have a medication request form filled out by the parent. Pharmacies will give two containers upon request.

Does MBP have permission to administer sunscreen you provide to your child if necessary? Yes or No

Does MBP have permission to administer alternate sunscreen should yours not be available? Yes or No

Medical Release for Emergency Situations

To Whom It May Concern:

As a parent and /or guardian, I do herewith authorize Metro Baptist Preschool and their representatives to secure any medical treatment necessary, that if delayed may endanger my child’s life, cause disfigurement, physical impairment, or undue discomfort. I will in no way hold the above mentioned or Metro Baptist Ministries responsible for care sought in the event of an accident that has harmed my child. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Name of Minor Child: _____ Date of Birth: _____

Address: _____ Home Phone #: _____

Number the boxes in the order you want to be contacted in an emergency.

Father: _____
Name Employer Work # Cell #

Mother: _____
Name Employer Work # Cell #

Other: _____
Name Relationship Contact number

In the event of an emergency and those on this list cannot be reached, what action should be taken?

Call EMS & take to closest hospital (Skyline) Use preferred hospital (name): _____

Allergies: _____ Medical Conditions: _____

Medication Presently Taking: _____ Child’s Doctor: _____

Child’s S. S. #: _____ Child’s Dentist: _____

Insurance Co: _____ Policy #: _____ Group # _____

Authorized Signature: _____ **Relationship** _____
(Parent or Legal Guardian)

Notarized by: _____
(Notary Available through School Office)

Expiration Date: _____

Today’s Date: _____

Admission Agreement

LICENSE – Metro Baptist Preschool is licensed through the Tennessee Department of Education in cooperation with the Tennessee Association of Christian Schools. Metro Baptist Preschool meets the standards outlined in the Summary of Child Care Approval Requirements of the Tennessee Department of Education. A copy of the summary is included in this admission packet folder. **Your initials in the box beside this section verifies that you have received the list of requirements and are aware of the standards that are required of Metro Baptist Preschool.**

Initial

ADMISSION REQUIREMENTS & PRESCHOOL POLICIES – Metro Baptist Preschool is open to children from 36-months to five years old. Non-discrimination Policy: Metro Baptist Preschool, a ministry of Metro Baptist Church, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to all students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other preschool-administered programs.

TOILETING POLICY – All children are required to be toilet-trained and able to use the bathroom independently. Children must be ready for group involvement and be able to function in the classroom at a level similar to other children their own age. Children should be healthy and free of contagious disease each day that they attend preschool. The specific policies of our preschool are covered in our Preschool Handbook located on our website. **Your initials in the box beside this section verifies that you have received a copy of these policies, you understand and are willing to support the school by abiding by the policies in the manual.**

Initial

PRE-ENROLLMENT TOUR OF THE FACILITIES – The state requires that a tour of the preschool facilities be done prior to admission. This can be set up at the time the paperwork is turned in for enrollment, the day of school orientation, or any time before enrollment, upon the request of the parent or guardian. **Your initial in the box beside this section verifies that you have had a tour of our facilities.**

Initial

ADULT ESCORT – All preschool children must be signed in and escorted by an adult to the area or classroom where their age group is located. The only people authorized to pick up your child are the adults on the transportation plan. Photo ID should accompany all those that are picking up children. The person picking up the child must sign the child out using the individual assigned PIN. No minor children may come to pick up a child.

STATE REQUIRED ADMISSION FORMS – The state requires that all admission forms must be completed and turned in before a child can be allowed to attend Metro Baptist Preschool. This includes a copy of your child's **birth certificate** and a current **Tennessee Child Health Record**. These forms are health/ immunization forms that you can get either at the Health Department or at a Tennessee Pediatrician's office. If you have recently moved to Tennessee you will have to take your existing shot records to a Tennessee Pediatrician or to the Health Department and have those records transferred to the Tennessee form. A physical is not required to enter preschool.

OPERATING HOURS – Our hours of operation are from 7:00 AM to 6:00 PM. The doors of the preschool are opened at 7:00 AM. Workers may be present before that time; however, morning duties do not allow them to supervise children before 7:00 AM.

PARENTAL DISCIPLINE INFORMATION/PERMISSION – Metro Baptist Ministries believes that proper discipline is necessary for the welfare of the student as well as the entire preschool. We are committed to maintaining discipline and godly standards for all students who are in our preschool. However, we believe the ultimate responsibility of a child's discipline belongs to their family. Because attendance at Metro Baptist Preschool is a privilege and not a right, any student who does not conform to the standards and regulations of the preschool may forfeit the privilege to attend MBP. The preschool may request withdrawal of any student at any time, when in the opinion of the administration that student does not fit the spirit of the preschool ministry. The following are examples (but not all inclusive) of reasons a child would be dismissed from our preschool: 1. Severe discipline problems, after which multiple attempts and techniques by MBP staff to help the child improve are not successful. 2. A child that bites repeatedly even after discipline has been administered by the parents. 3. A child whose parents are repeatedly unwilling or unable to come to the preschool to deal with their child's behavior or who does not support the preschool by reinforcing acceptable behavior with their child when there have been problems at school. 4. A child whose behavior repeatedly interrupts the classroom teaching so that other students in their class are unable to learn. 5. A child that intentionally and repeatedly harms their classmates or teacher. 6. Non-payment of the preschool tuition for an extended period of time (See financial agreement sheet). When making decisions concerning discipline problems, the welfare of all the students and families in our program takes precedence over the need of one student.

I give the principal and teachers of Metro Baptist Ministries permission to use reasonable classroom discipline. I understand that Metro Baptist Preschool does not administer corporal punishment; however, I/ we (the parent or guardian) am/are willing to come to the preschool to deal with my/ our child if all avenues of classroom discipline have been unsuccessful. I understand that if the preschool administration feels that all avenues of discipline have been pursued and my child's behavior continues to be a major disruption in the classroom, I will be asked to withdraw my child from the preschool.

Initial
Initial

PHOTOGRAPHS - I agree to allow photographs of my child taken while at the Preschool to be used for Preschool and MCA advertising purposes. I understand that this may include social media such as Facebook or Instagram.

Initial

CONSENT - I hereby authorize you to make whatever inquiries you deem necessary to process this application; including but not limited to contacting former preschools. I have read and understand the above sections of the Admissions Agreement. I understand that my signature shows that I agree to support the policies listed above.

Date: _____

Father: _____

Mother: _____

Transportation Plan

Please complete in Blue or Black ink only.

Child's Name: _____

Last

First

Middle

Date of Birth

Legal Custody Cases and Pick-Up Restrictions

Please be aware that in the case of legal divorce or custody issues, we must have a copy of the legal custody papers in the child's file in order to keep any parent from picking up his/her child. Please indicate in the following blanks any parent, relative, or other adult that may not pick up your child.

Name _____ Is the legal documentation provided to us? Admin. Initials Y or N

If there is joint custody or a visitation plan, please explain the arrangement in relation to pick-up:

Metro Christian Academy requires parents to have on file, for each child at the school, a list designating adults allowed to pick up your child. No minors will be allowed to pick up a child from our care (excluding siblings). This list will be used to verify who may and may not be allowed to pick up your child from the school. Persons on the transportation list that pick up a child may be required to show a Photo ID. In an emergency, a note signed by a custodial parent that designates someone other than the persons listed on the transportation form to pick up a child will be accepted. In joint or pending custody cases both parents must sign or give permission for alternate pick-up plans.

Please Note: If an MBP or MCA employee feels that the person who comes to pick up may place the child(ren) at risk, we will notify someone else on the pick-up list and wait until that person comes to safely pick up the child(ren). (Example: If a parent appears intoxicated and is driving the vehicle the child(ren) is to leave in, the child(ren) will be held until other pick-up arrangements are made.)

Please include both parents' names when applicable.

Name Please include parent name(s)	Relationship	Check one of these 3 columns			Phone Number
		At any Time	Only with Permission	Per Visitation Plan	
1.	mother				
2.	father				
3.					
4.					
5.					
6.					
7.					
8.					

I designate the above adults to pick up my child. _____
Parent's Signature Required *Date*

ALL CHANGES MUST BE MADE IN PERSON ON THE ORIGINAL TRANSPORTATION PLAN IN THE OFFICE.

Health History for Teachers

Child's Name: _____
Last
First
Middle
Date of Birth

Developmental History

Walked At: _____ mo. Talked At: _____ mo. Toilet Trained At: _____ mo.

Do you feel your child's speech is average, above average or below average? _____

Do you feel or has a doctor diagnosed your child as having a speech delay or disorder? _____

Comments on any of the above questions or about your child's development: _____

Medical History

Past Illnesses – Write the illnesses that your child has had and specify approximate date of illnesses.

ILLNESS	DATE		ILLNESS	DATE

Were there any problems with your pregnancy or the birth of your child? _____

Was your child's birth weight less than 5 pounds? _____

Has your child ever stayed in the hospital overnight? _____ For: _____

Does your child have frequent colds? _____ Sore throats? _____ Runny nose? _____

Has a doctor ever diagnosed your child as having asthma or wheezing? _____

Has your child ever had a bumpy reaction to a TB skin test? _____

Has your child ever been around someone with tuberculosis? _____

Approximately how many ear infections per year does your child have? _____

Does your child have tubes in their ears? _____

Do you feel or has a doctor diagnosed your child as having any type of vision problem? _____

Do you feel or has a doctor diagnosed your child as having hearing loss or hearing problems? _____

Has your child ever had an allergic reaction to food, medicine, bug bites or shots? _____

If yes to the above, what type of reaction did the child have? _____

Has your child ever had a bladder or a kidney infection? _____

Have you ever been told that your child had a heart murmur or any type of heart problem? _____

If yes to the above question, what kind of heart problem? _____

Has your child ever had a seizure? _____ If yes, what type of seizure did the child have? (Please describe)

If your child does have seizures, how many seizures has your child had in the last year? _____ Last 6 mos.? _____

Does your child have any problems with their blood clotting after getting a cut? _____

Is your child under the *regular* supervision of a physician? (more than routine check-ups) _____

If yes, for what condition? _____

When was your child's last regular check-up? _____

Please use the following space to evaluate your child's overall health for us or state any medical condition that we need to be made aware of:

Health History for Teachers (cont'd)

Child's Name: _____
Last First Middle Date of Birth

Daily Routines:

What is the usual bedtime for your child? _____ What time does your child get up in the morning? _____
Does your child sleep well or wake up frequently? _____
How many hours of sleep per night does your child require to function normally? _____
Does your child normally take a nap during the day? _____ When? _____ For how long? _____
Does your child have any special routines or special items associated with going to sleep? _____

Toilet Habits:

Do you take your child to the restroom at set times? _____ If yes, what times? _____
Does your child have a bowel movement at regular times? _____ If yes, when? _____
Does your child ever have problems with constipation? _____ If yes, how is this remedied? _____
Does your child tell you when they need to go to the toilet or do they wait for you to ask? _____
Can your child go to the toilet on their own or do they require help? _____
What word does your child use for urinating? _____ Bowel movements? _____

Eating Habits:

At what time does your child eat breakfast? _____ Lunch? _____ Supper? _____
Does your child usually have snacks between meals? _____ When? _____
Favorite foods? _____
Disliked foods? _____
Food allergies? _____

Play Habits:

Does your child like to play with other children or would they rather play by themselves? _____
Does your child get along well with other children? _____
Would you categorize your child as a leader or a follower? _____
What are some of your child's favorite things to play at home? _____
Does your child enjoy books and being read to? _____
Does your child prefer active or quiet play? _____

General Information:

Does your child have any special problems or fears? _____
Is there any other information about your child that you feel we should know? _____

Parent Signature

Date



METRO BAPTIST PRESCHOOL

(keep this page for future reference)

PAYMENT POLICY: Preschool payments must be made *in advance*. Payments are due the Friday before the following week of care or Monday morning. **There is not a reduction of weekly fees for weeks with holidays or preschool closings.** Any patron with an account that is delinquent will be expected to bring that account current or withdraw their child. We expect payment on time. Full-Time Rate: **\$173** (**\$170 w/ACH discount**) Part-Time Rate: **\$127**

AFTER HOURS/LATE PICK UP for FULL DAY STUDENTS: If your child is picked up between 6:00pm - 6:30pm, there will be a \$15 charge per quarter hour. At 6:30pm, the charge doubles to \$30 per quarter hour. This will be billed on your next tuition payment. **LATE PICK UP FOR HALF DAY STUDENTS:** If your child is picked up after 1:15 there will be a \$15 charge per quarter hour of late pick up after 1:15 pm. This will be billed on your next tuition payment.

ILLNESS: The health of the children is of major importance to us. For this reason, no child should attend MBP with any of the following symptoms: Fever-100° or higher (or has had fever in the last 24 hours), signs of nausea, diarrhea, and/or vomiting, unexplained rash, or drainage from the eyes. Children with strep throat or “pink eye” must be on antibiotics for at least 24 hours before returning to class. In cases of head lice, we have a “nit free” policy. Once a child is sent home for head lice, a head exam must be done in the school office before they may return.

MOVIE POLICY: Metro Baptist Preschool will only show movies and videos that are G and PG rated on platforms such as Netflix, YouTube, or DVD.

VACATIONS: Each student has two “free” vacation weeks (10 full days for full-time students, 6 full days for 3-day a week students, 10 - ½ days for the ½ day students (8/3/21 – 7/27/22)). The child may not attend Metro Baptist Preschool during vacation days. There will be no fees for vacation days, as long as written notice is given on a vacation request form.

SICK WEEK:

The weekly fee will be reduced by 50% when children are absent an entire week (5 consecutive preschool days) due to illness. The business office requires a doctor’s excuse be sent to the business office in order for this discount to be applied to your account. There is no reduction of fees offered if your child is present any part of any day during the week.

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For any other questions about school policies, contact the school office.

Phone: 615.859.1184 ext.120 Email: metro@mcaeagles.com Fax: 615.859.5562