



Enrollment Form 2023-2024  
 First Baptist Church Preschool  
 15296 State Highway 72  
 Coweta, Oklahoma  
 (918) 486-2158

Child's Name \_\_\_\_\_

What name do you want him/her to go by at school \_\_\_\_\_

Birthday \_\_\_\_\_ Sex \_\_\_\_\_ T-Shirt Size 2t, 3t, 4t, 5t

Parent(s) Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is there any custody issues \_\_\_\_\_

\*\*\* If so please attach all nessesary court papers.

### Early Bird Club

\_\_\_\_\_ Early drop off any time from 8:00-8:45 AM Monday-Thursday..... \$30 per/month

### Younger 3's : (must be 3 years old by December 31 and must be potty trained)

\_\_\_\_\_ 3 days-AM Tuesday through Thursday (8:45-11:15 AM)..... \$145 per/month

\_\_\_\_\_ 3 days-PM Tuesday through Thursday (12:45-3:15 PM)..... \$145 per/month

### Pre-K 3: (must be 3 years old by September 1st)

\_\_\_\_\_ 3 days-AM Tuesday through Thursday (8:45-11:15 AM).....\$145 per/month

\_\_\_\_\_ 3 days-PM Tuesday through Thursday (12:45-3:15 PM).....\$145 per/month

### Older 3's: (must be 4 years old by December 31)

\_\_\_\_\_ 4 days-AM Monday through Thursday (8:45-11:15 AM).....\$170 per/month

\_\_\_\_\_ 4 days-PM Monday through Thursday (12:45-3:15 PM).....\$170 per/month

### Pre-K: (must be 4 years old by September 1st)

*This class requires the first months tuition along with the enrollment fee.*

*First months tuition is non refundable after July 1.*

\_\_\_\_\_ 4 days-AM Monday through Thursday (8:45-11:15 AM).....\$170 per/month

\_\_\_\_\_ 4 days-PM Monday through Thursday (12:45-3:15 PM).....\$170 per/month

\*\* An enrollment f fee if \$50 must accompany this form. The enrollment fee is non refundable

\*\*\*Classes with a **W** are on our waiting list please check if you want on the waiting list.

# CHILD INFORMATION SHEET

Child's Full Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell Number \_\_\_\_\_

Church Member? \_\_\_\_\_ What Church? \_\_\_\_\_

Is your preschooler afraid of anything (loud noise, clowns, cats, etc.)? If so what? \_\_\_\_\_

## Siblings:

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

Person(s) are authorized to pick up your preschooler besides Mom or Dad:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

*\*\* No one other than parents and persons listed will be able to pick child up from school, unless we received written or verbal consent from a parent.*

Person who can assume responsibility for your child in an emergency if we would be unable to contact parents:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

## Child's Medical History

Does your child have any food allergies? \_\_\_\_\_ If so, what? \_\_\_\_\_

Does your child have any other allergies? \_\_\_\_\_ If so, what? \_\_\_\_\_

How is your child affected/treated by their allergies? \_\_\_\_\_

Has your child had any serious illness (if so please explain)? \_\_\_\_\_

\*\*\*\*\* COPY OF SHOT RECORDS ARE REQUIRED\*\*\*\*\*

## AUTHORIZATION FOR EMERGENCY TREATMENT

I HEREBY AUTHORIZE Dr. \_\_\_\_\_ or any physician, surgeon or dentist on the Medical Staff of St. Francis Medical Center, to administer any emergency treatment, procedure or medicine necessary or advisable when church or preschool personnel accompanies (Child's full name) \_\_\_\_\_ to the emergency room at St. Francis Medical Center. I also authorize church personnel to secure the use of an ambulance, if necessary, for transporting my child to the hospital. I further agree to pay the hospital, doctors and ambulance service for all services rendered to the above name patient. I request that this authorization remain in force as long as my child participates in church preschool programs, unless notified in writing of a change by me.

I hereby release First Baptist Church of Coweta and her approved sponsors from any and all liabilities that might incur during child's attendance at First Baptist Church of Coweta Preschool.

If the above arrangement is not satisfactory, what would you like for us to do with your child in case he/she is injured or becomes seriously ill while at preschool and were unable to get in touch with you? Please be specific: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent or Legal Guardian)

### Permission for use of Child's picture on our Web Site

The church has created a website, [www.cowetafbc.org](http://www.cowetafbc.org), for which the preschool uses for promotional purposes. There is an icon for the preschool that you can click on to find out information about our preschool activities. Our monthly preschool calendar (that I send home with you) is currently on the web site, and we plan to use snapshots that we take of our children during their involvement in the many activities during class time. They will be the same pictures we display in the hallway here at First Baptist Church. **We will not identify anyone by name and we will not place any pictures on the web without parental consent.**

We also, from time to time, will submit pictures and/or names to the local newspaper of our preschoolers participating in some of the activities we may have throughout the year.

Please check one of the following:

\_\_\_\_\_ Yes... I approve of my child's picture and or snapshots to be used by First Baptist Church either on their website or to submit to the local newspaper.

\_\_\_\_\_ No...I do not approve of my child's picture to be used on the church's website, But Yes...it can be submitted to the local newspaper.

\_\_\_\_\_ No...I do not wish my child's picture to be on the church website or in the local newspaper.

Child's name \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_  
( Parent or Legal Guardian)





