

CLASS INFORMATION *Must be 2 as of September 1, 2023 (born September 2, 2020-September 1, 2021).

Select the PREFERRED days of attendance for your child. Days will be finalized once enrollment numbers are established, and families will be notified as soon as possible regarding class placement (Mon/Wed or Tues/Thurs).

Monday/Wednesday Tuesday/Thursday No Preference

CHILD INFORMATION

First Name: _____ Last Name: _____ Male Female

Name child prefers to be called: _____ Date of Birth: _____

Child's Address: _____

Siblings Names & Ages: _____

Any siblings attending BABP for 2023-2024: _____

Are there any medical/physical/emotional conditions affecting your child of which BABP should be aware?

Yes No If yes, please explain. _____

Is your child allergic to any food, medicine, environmental elements, etc.? Yes No

If yes, please explain. _____

Are there special adaptations necessary for your child to participate effectively at BABP?

Yes No If yes, please explain. _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian First Name: _____ Last Name: _____

Address: _____

Cell Phone:() _____ Work Phone:() _____

Occupation: _____ Employer: _____

Email: _____ Custodial Parent: Yes No

Father/Guardian First Name: _____ Last Name: _____

Address: _____

Cell Phone:() _____ Work Phone:() _____

Occupation: _____ Employer: _____

Email: _____ Custodial Parent: Yes No

EMERGENCY CONTACTS & AUTHORIZED PICKUP PERSONS (In Addition to Parents Listed Above):

❖Emergency Contact #1 /Authorized Pick Up: _____ Cell Phone: _____

Relationship to the Child _____ Alternate Phone _____

❖Emergency Contact #2 /Authorized Pick Up: _____ Cell Phone: _____

Relationship to the Child _____ Alternate Phone _____

❖Emergency Contact #3 /Authorized Pick Up: _____ Cell Phone: _____

Relationship to the Child _____ Alternate Phone _____

CUSTODY INFORMATION

Please summarize any custody information related to your child of which BABP should be aware. Submit legal documents to Director. _____

PreK2 READINESS INFORMATION

Our PreK2 is a Parent's Morning Out program. Some children are ready to learn social skills and school readiness at this age, and some are not. If during school year, Director determines PreK2 enrollment is not in best interest of child and/or school, enrollment may be discontinued with no further payment due.

PREVIOUS PRESCHOOL AND/OR CHILD CARE

If your child has previously enrolled in any public, private, or in-home child care or preschool, please list where and dates began and ended. If your child has previously been disenrolled from care due to behavior or other reasons, you must provide that information here; failure to do so may void registration/enrollment. _____

FEE INFORMATION












2023-2024 fees may be paid via debit/credit card online or via check or cash at the preschool/church.

REGISTRATION FEE NON-REFUNDABLE registration fee is due with registration form.
 Early-Bird Registration Fees (paid by March 31, 2023): 2-day--\$97 3-day--\$142 5-day--\$172
 General Registration Fees (paid after March 31, 2023): 2-day--\$130 3-day--\$190 5-day--\$230

TUITION FEES Tuition will be paid in monthly installments due on the 1st of each month during the school year (September 01, 2023-May 01, 2024). If you wish to pay tuition in full before school begins, see Ms. Melanie. Tuition not paid by the 10th of each month will be assigned a \$10 late fee. Tuition not paid by the 20th of each month may result in child's dis-enrollment from BABP. First tuition payment is due September 1st.

I will pay 2023-2024 BABP fees with: debit/credit card online cash check Email to receive invoices to pay online: _____

AUTHORIZATIONS/ACCEPTANCE/PERMISSIONS GRANTED-Please initial each box.

I agree to follow guidelines for payment of registration fee, tuition, and PreK4 graduation fee as outlined in registration information and parent handbook.	
I grant permission to BABP staff and/or BABC staff to obtain emergency medical treatment for my child, and I agree to be responsible for any fees incurred in doing so.	
I grant permission for BABP staff to administer Tylenol (or generic substitute) to my child for a temperature of 100 degrees or above to help my child be more comfortable until guardian can arrive.	
I grant permission for BABP staff to administer Benadryl (or generic substitute) for suspected allergic reaction while waiting for guardian and/or emergency medical services.	
I grant permission for my child to be photographed and videoed while at preschool. These photographs and videos may be used in the end-of-year slideshow.	
I grant permission for my child's photographs/video footage to be used for preschool promotional purposes, preschool and related websites and Facebook pages, and in media coverage of preschool activities. I understand that outside groups may visit the preschool for community helper visits and that my child's photo/video footage may appear in related media and online coverage.	
I understand that the director must have an up-to-date 121 form and copy of birth certificate for my child in order for my child to attend. Keeping the 121 up-to-date is the parent's responsibility.	
I understand that my child must be fully potty-trained in order to enroll in PreK3 or PreK4.	
I understand that Director may discontinue student's PreK2 enrollment at any point during school year if in best interest of child and/or school.	
Bel-Aire Baptist Preschool is absolved from liability to me or my child because of any injury on the church property or on field trips. Every effort is made to provide a safe environment for children; however, accidents do happen. I understand that BABP staff will do due diligence in putting forth best efforts to notify me when any such incident occurs.	
I do hereby acknowledge that I have digital access (www.belaireprek.com) to a current BABP Parent Handbook including Childcare Regulations. An updated 2023-2024 BABP Parent Handbook including Childcare Regulations will be provided to me in print at Open House and will also be available in digital form. I understand that I must comply with all BABP policies.	

Parent/Guardian Signature: _____ Date: _____

Witness Signature (BABP Personnel): _____ Date: _____

