

**Preschool Enrollment Application**  
**Marcus Pointe Baptist Church**  
**www.marcuspointebaptist.org**  
**6205 North "W" Street**  
**Pensacola, FL 32505**  
**850-479-1605**

Date \_\_\_\_\_

A completed enrollment application is required before any child may attend the MPBC Preschool Program.

Initials of Parent/Guardian \_\_\_\_\_

Families currently enrolled in the Preschool Program must be current and in good standing on tuition payments to continue enrollment for the \_\_\_\_\_ school year.

Initials of Parent/Guardian \_\_\_\_\_

Immunization Form, Physical Form, and copy of Birth certificate are required for application to be complete.

Initials of Parent/Guardian \_\_\_\_\_

Child's Name \_\_\_\_\_ Goes By \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate: Month \_\_\_ Day \_\_\_ Year \_\_\_ Sex: M or F Left Handed/Right Handed/Unsure

Last school attended \_\_\_\_\_

Parents/Guardian:

Father \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer \_\_\_\_\_

Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_

Mother \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer \_\_\_\_\_

Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_

Email address: \_\_\_\_\_

Other children in family:

Enrolled in MPBC

School/Preschool

Name _____	Age _____	Yes	No
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Name _____	Age _____	Yes	No
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Name _____	Age _____	Yes	No
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MPBC Member? Yes No If No, Church Name: \_\_\_\_\_

How often do you attend: weekly monthly special occasions

Would you like to receive information on the ministries and special programs we offer here at MPBC?

## EMERGENCY INFORMATION

Person responsible for child during day:

Name \_\_\_\_\_

Home No. \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

List one friend/relative who will assume responsibility of your child if you cannot be reached:

Name \_\_\_\_\_

Home No. \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

In case of an accident or serious illness, I request MPBC Preschool Administration to contact me. If the Preschool Administration is unable to reach me, I hereby authorize MPBC Preschool Administration to call the physician indicated below and to follow his instructions. If it is impossible to contact the physician, the Preschool Administration may make whatever arrangements seem necessary.

Initial of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Hospital \_\_\_\_\_

### AUTHORIZED PEOPLE TO PICK UP MY CHILD

The following people have the authority to pick up my child in case I am not available. A signed written note is required for additions and/or deletions to this list. It is your responsibility to inform others picking up of the rules and guidelines.

Initials of Parent/Guardian \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I understand the church is not responsible for any injury received by my child while in route to or from school. Initials of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

**Please answer the following questions. Leaving questions unanswered will constitute an incomplete application and will delay the admission process.**

Explain what you want your child to gain by coming to our program.

Does your child speak fluent age appropriate English?    YES    NO

If NO, what language does your child speak?

Has your child participated in a weekly preschool educational program or day care program in the past?    YES    NO

If yes, was this a positive or negative experience for your child?    Positive    Negative  
Please Explain:

Is your child potty trained? Definition: Child is able to go to the potty on his/her own without being prompted and is not in a pull-up or diaper.    YES    NO

Are you aware of any emotional or behavioral concerns or diagnosis with your child?    YES    NO  
If YES, please explain:

Has your child been referred for testing or tested for any special needs including but not limited to emotional, behavioral, speech, or development delays?    YES    NO

If YES, please provide a brief explanation of the needs to be maintained by the school on a confidential basis so it can be determined if the school can meet your child's needs.

**Parental Agreements:**

I agree to have a conference with the teacher/Administrator, if needed, at a date to be set by the Administrator. Initials of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I agree to give one month's written notice in case there is a need to withdraw my child from school. Initials of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I agree to pay one month's tuition beyond withdrawal date if notice of one full month is not given in writing to the Preschool Administrator.  
Initial of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I understand that no refunds are allowed for sick days, vacation, severe weather days, holiday or when the school is closed.  
Initial of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

The **application fee and supply fee** are non-refundable once my child is turned in to the school, whether or not my child attends the school for any reason (including but not limited to the withdraw of my child before or during the school year, have disagreement with the school and its decisions, fall into financial difficulty, should my child be dismissed from the school, or for any other reason not stated). If my child is not accepted into enrollment by the discretion of the school, then I understand the school will return my application fee.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**After reading each section in the Parent Handbook, please initial beside each item below:**

\_\_\_\_ MPBC Preschool Mission & Philosophy

\_\_\_\_ Preschool Statement of Faith

\_\_\_\_ Statement of Dismissal by Preschool Administration

\_\_\_\_ Withdrawal by Parent or Guardian

\_\_\_\_ Discipline Policy

\_\_\_\_ Health and Illness Policy and Procedure

\_\_\_\_ Medication Procedures

\_\_\_\_ Severe Weather & Emergency Plans

\_\_\_\_ Child Abuse, Accidents

\_\_\_\_ Potty Training

\_\_\_\_ School Dress

\_\_\_\_ School Security & Visitors

\_\_\_\_ Daily Sign in

- \_\_\_\_\_ Meals
- \_\_\_\_\_ Birthdays and Parties
- \_\_\_\_\_ Attendance
- \_\_\_\_\_ Tuition
- \_\_\_\_\_ Waiting List
- \_\_\_\_\_ Tuition Rates
- \_\_\_\_\_ Payments
- \_\_\_\_\_ Ratio
- \_\_\_\_\_ Policy Changes
- \_\_\_\_\_ Transportation
- \_\_\_\_\_ Personal Belongings and Toys
- \_\_\_\_\_ Curriculum
- \_\_\_\_\_ Special Activities with Family Involvement
- \_\_\_\_\_ Calendar
- \_\_\_\_\_ Office Hours
- \_\_\_\_\_ Staff contact information
- \_\_\_\_\_ Map

By initialing, I am stating that I have read the ENTIRE Parent Handbook for the school year, understand it, have asked the Preschool Administration any questions I may have, and agree to abide by the policies outlined in the Parent Handbook.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

The information that I have provided in this application is true and complete and understand that if it is not and my child is admitted to the Preschool Program that such inaccuracy or omission is grounds for immediate dismissal. I have read the above statement, understand it, and asked the Preschool Administration any questions I may have about it and agree to abide by it.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Application, Tuition, and Supply Fees**  
**The Registration Fee and Supply Fee are Non-Refundable**  
**whether child attends the school or withdraws**

<b>Class</b>	<b>No. days each week</b>	<b>Nonrefundable Registration and Supply Fee</b>	<b>Monthly Tuition</b>	<b>No. of students per class</b>
<b>Infants (6wk. – 12 mos.)</b>	<b>5</b>	<b>\$75</b>	<b>\$625</b>	<b>8</b>
<b>Ones</b>	<b>5</b>	<b>\$75</b>	<b>\$575</b>	<b>12</b>
<b>Two</b>	<b>5</b>	<b>\$75</b>	<b>\$550</b>	<b>11</b>
<b>Threes</b>	<b>5</b>	<b>\$75</b>	<b>\$500</b>	<b>15</b>
<b>Public School After School</b>	<b>5</b>	<b>\$75</b>	<b>\$250</b>	<b>20-25 per teacher</b>
<b>MPCS After School</b>	<b>5</b>	<b>\$0</b>	<b>\$160</b>	<b>20-25 per teacher</b>

**ALLERGY INFORMATION SHEET**

DATE: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

ALLERGY: \_\_\_\_\_

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SPECIAL INSTRUCTIONS: \_\_\_\_\_

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MEDICAL CONDITION: \_\_\_\_\_

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SPECIAL INSTRUCTIONS: \_\_\_\_\_

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