

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, severe weather days, holidays, 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

ALLERGY INFORMATION SHEET

DATE: _____

SCHOOL YEAR: _____

CHILD'S NAME: _____

ALLERGY: _____

SPECIAL INSTRUCTIONS:

MEDICAL CONDITION:

SPECIAL INSTRUCTIONS:

Class	No. days each week	Nonrefundable Registration and Supply Fee	Monthly Tuition	No. of students per class
Infants (6wk. – 12 mos.)	5	\$75	\$625	8
Ones	5	\$75	\$560	12
Two	5	\$75	\$535	11
Threes	5	\$75	\$485	15
Public School After School	5	\$75	\$250	20-25 per teacher
MPCS After School	5	\$0	\$160	20-25 per teacher