

# Thalia Lynn Baptist Church – Weekday Learning Program

## Enrollment Application

### Student Information

Student's Full Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Student's age as of 9/30: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Name used at Home: \_\_\_\_\_

### **Blanket Permission for Walking Field Trips:**

I, the parent/guardian of \_\_\_\_\_, give permission for my child to go on walking trips on the grounds of Thalia Lynn Baptist Church.

### **Facebook/Photograph Release Form**

I release WLP to photograph and/or videotape my child \_\_\_\_\_ while participating in daily activities, events and field trips. Photos and Videos may be used in WLP publications, bulletin boards and/or on our Facebook page.

### **Explanation of Tuition and Fees**

Registration & Supply Fee: \$200.00 -This fee supports our field trips, T-shirts and parties, as well as supporting the arts, craft, and cleaning supplies needed.

Tuitions: Please circle the option for your child

2 years old (M,T,W)	\$450.00	2 <sup>nd</sup> child	\$425.00
2 years old (M,T,W,Th option)	\$400.00	2 <sup>nd</sup> child	\$375.00
3 years old (M,T,W)	\$375.00	2 <sup>nd</sup> child	\$350.00
3 years old (M,T,W,Th option)	\$425.00	2 <sup>nd</sup> child	\$400.00
4 years old (M,T,W,Th)	\$425.00	2 <sup>nd</sup> child	400.00

**I have read and understand the Blanket Permission for Walking Trips disclosure, the Facebook/Photograph Release Form and Explanation of Tuition and Fees.**

**I acknowledge that registration fees and 1-month prior tuition is required to begin the Weekday Learning Preschool. I understand the absence policy for the Weekday Learning Program states that regardless of attendance or school closures, the tuition is paid in full, by the 15<sup>th</sup> of every month.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Student's Name: \_\_\_\_\_

**Family Information:**

**Mother's Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Siblings:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Other family members in the home:** \_\_\_\_\_

Has your child previously been enrolled in any other preschool?

No      Yes      **Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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Student's Name: \_\_\_\_\_

Emergency Contact Info: (Person authorized to act for parent in case of emergency):

Contact Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship To Student: \_\_\_\_\_ Work #: \_\_\_\_\_

**If for some reason you are unable to pick up your child, please list below names of adults (above the age of 18) that we are authorized to release your child to. Your child will not be released to anyone unless prior permission has been given to the Director. Please note that persons listed below ARE NOT emergency contacts, but authorized pick up individuals. All individuals listed MUST provide picture identification before your child will be released to them.**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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Student's Name: \_\_\_\_\_

Emergency Information:

**The Weekday Learning Program will not administer any medication except the following: Topical ointments (diaper rash ointment), an inhaler, and Epi Pen. Children requiring these types of medication must request an Authorization form from the Director.**

Student Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Due to the young age of preschool children, they may not have been exposed to all things to which they may be allergic. Bee stings as an example. As recommended by our first aide training we keep Benadryl on hand, but only for extreme emergencies.

WLP has my permission to give Benadryl to my child in case of emergency

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Authorization for Emergency Medical Treatment:**

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the responsible party to hospitalize, to secure proper treatment for, and to order medication, anesthesia, or surgery for my child named above.

I/We, the assigned, do hereby release, remiss, and forever discharge all sponsors and Thalia Lynn Baptist Church from any claims, demands, actions, past, present, or future arising out of any damage or injury while participating in this program.

Effective school year 20\_\_/20\_\_.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_