



# Summerville Baptist Pre-K Registration Packet

“From childhood you have known the Holy Scriptures,  
which are able to make you wise for salvation through faith  
which is in Christ Jesus”

2 Timothy 3:15

# **SUMMERVILLE BAPTIST PRE-K REGISTRATION FORM**

## **About Our Program**

Our goal is to share the love of Christ with you, your children, and our community. In order to effectively accomplish this, we care for children by meeting their immediate needs, teaching a solid Biblical curriculum, and practicing the truths of the Bible in everyday circumstances.

As a family of believers, we strive to provide the best environment for the whole development of your child, considering ourselves as servants and giving the best instruction possible within an atmosphere of love and respect.

## **Purpose**

The purpose of the Pre-K program at Summerville Baptist Church is to provide varied experiences which will stimulate the mental, physical, spiritual, emotional and social growth of three and four year olds. The experiences take place in a Christian atmosphere with loving, understanding teachers who express Christian ideas and attitudes. Our program provides unhurried time for your child to learn how to get along with others, to gain new skills, and to be responsible members of the group.

# Application Checklist

Thank you for your interest in Summerville Baptist Pre-K. The following steps will assist you in providing a complete application. Applications will not be reviewed until the packet is complete. If you have questions or need assistance, please call (334) 298-1252 or (334) 298-4416.

## Step 1

- School Registration Form, completed and signed by both parents (one form per family)
- \$125.00 application / registration fee per student (**non-refundable**)

## Step 2

Health Records:

- Immunization form (must be original and can be obtained by physician)

Failure to have these records on file will prevent us from registering your child.

Assemble the above items and drop off or mail to:

Summerville Baptist Pre-K  
3500 Summerville Rd  
Phenix City, AL 36867  
Attention: Administration

# Student Information

Today's Date: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(Last) (First) (M) (Name called)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Male  Female

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Class group: \_\_\_\_\_ 3 year old (by September 1)  
\_\_\_\_\_ 4 year old (by September 1)

Marital status of parents:  Married  Separated  Divorced

Student lives with:

- Both parents  Mother only  Father only  Guardian(s)
- Mother & Stepfather  Father & Stepmother  Grandparent(s)
- Other, please specify \_\_\_\_\_

Other children in family:

- Lives with applicant?  Yes  No  
Name/Age
- Lives with applicant?  Yes  No  
Name/Age
- Lives with applicant?  Yes  No  
Name/Age
- Lives with applicant?  Yes  No  
Name/Age

Is your child toilet trained?  Yes  No

## Father Information

Name:

\_\_\_\_\_

(Last) (First) (M)

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

(Street)

(City) (State) (Zip)

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

(Street)

(City) (State) (Zip)

## Mother Information

Name:

\_\_\_\_\_

(Last) (First) (M)

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

(Street)

(City) (State) (Zip)

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

(Street)

(City) (State) (Zip)

## Step-parent Information

Name:

\_\_\_\_\_

(Last) (First) (M)

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

(Street)

(City) (State) (Zip)

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

# Parent Agreement

- School hours are 9:00 a.m. to 11:45 a.m. 3 yr. olds / 12:00 p.m. 4 yr. olds

I agree to the following:

- **Registration Fee:** An annual non-refundable registration fee of \$125.00 at the time of registration in order to secure your place.
- **Curriculum & Activity Fee** are included in your registration & tuition.
- **School Tuition:** Tuition is calculated according to school year calendar (September – May). Tuition is \$1035.00 a year and is divided into 9 monthly payments of \$115.00. Tuition is due the first of each month regardless of the number of days in the month the child attends. Failure to do so could result in dismissal from the Pre-K program. Tuition is not pro-rated for the months containing a holiday, Thanksgiving break, Christmas break, and Spring break.
- **Late Pick-up Charges:** A late fee will be charged for late pick-ups after 11:55 a.m. 3 yr. old / 12:10 p.m. 4 yr. old.
- **Returned Check Fees:** A \$30.00 service charge will be made on any check returned by the bank for any reason. The amount of the returned check plus the service charge must be paid within 1 week of notification. After 2 returned checks, the account will be placed on a MONEY ORDER ONLY basis.
- **Collection:** Any cost incurred in the collection of any unpaid fee will be the responsibility of the parent/guardian.

Parent Agreement:

**My signature below indicates that I have read, understand, and agree with the above policy.**

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Contacts

The child will be released only to the custodial parent/legal guardian and the persons listed below. The following persons will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

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

\_\_\_\_\_

If parents are divorced, who has legal custody? \_\_\_\_\_

May the non-custodial parent pick-up the child?  Yes  No

## Contact #1

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

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

## Contact #2

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

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

## Contact #3

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

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

## Contact #4

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

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

# Emergency and Medical Information

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

Student's Date of Birth: \_\_\_\_\_

Does your child have any allergies or other health conditions?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs we should be aware of?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any evidence of hearing or vision difficulties?  Yes  No

If your child takes prescription medications, please list them:

\_\_\_\_\_  
\_\_\_\_\_

Do any of these medications need to be administered to your child while at school?  Yes  No (if YES you will need to come & administer the medicine)

Who is your child's physician? \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

In case of emergency if the parents cannot be reached immediately the contact list will be used to notify someone.



# Photo Permission Form

\_\_\_\_\_ Yes, I give permission to use any pictures that include my child for Summerville Baptist Pre-K outside advertising purposes.

\_\_\_\_\_ Yes, I give permission to use any pictures that include my child for projects within Summerville Baptist Pre-K, but not for outside advertising purposes.

\_\_\_\_\_ No, I do not give permission to use any pictures that include my child for projects within Summerville Baptist Pre-K or for outside advertising purposes.

Parents/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

# Summerville Baptist Pre-K Discipline Policy

As parents, you want God's best for your children. We share that desire at Summerville Baptist Pre-K and are honored to be a part of your child's life and development. Respect and high expectations for all students, teachers, and staff are necessary to fulfill the will of our Lord Jesus Christ for our school. By coming alongside your family, we can provide an uncompromising atmosphere where your child is instructed in their development of godly character.

"Train up a child in the way he should go, and when he is old, he will not depart from it."

Proverbs 22:6

Through clear expectations, positive example, and appropriate, consistent consequences, our students learn respect for themselves and others. Teacher responses to negative or inappropriate behaviors may include the following elements as necessary and appropriate:

1. Conferencing: The teacher explains the inappropriateness of the behavior in terms of its effect on self and others. More appropriate behaviors are identified and discussed. The child is encouraged to assume responsibility as needed. Teacher and student pray and discuss very simple Bible illustrations as indicated.

2. Logical consequences: The teacher applies appropriate, logical consequences to the student (e.g.: picking up, sharing, and apologizing, etc.)

3. Redirection/Distraction: The teacher presents alternatives to children engaged in conflict (e.g.: presenting a different toy, suggesting a new activity, engaging the child in an activity with a teacher or different peer, encouraging independent play).

4. Take a break: The child is separated from his peers for an appropriate period of time. The child rejoins peers after a silent time and following a conference with teacher.

If inappropriate behavior is frequent or severe, teacher and/or administration will conference with parents to identify and implement a plan to address the child's needs.

The following responses to inappropriate student behavior are not allowed at Summerville Baptist Pre-K: withholding food or medical care; ridicule, spanking or physical restraint other than restraint necessary to protect a child or others from harm.

## Discipline Policy Acknowledgement

MY SIGNATURE BELOW INDICATES I HAVE READ AND UNDERSTAND THE DISCIPLINE PLAN AND WILL CO-LABOR WITH SUMMERVILLE BAPTIST PRE-K IN THE APPROPRIATE DISCIPLINE OF MY SON/DAUGHTER.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Parental (Legal Guardian) Agreement

By enrolling my child at Summerville Baptist Pre-K...

- I agree to support the standards of the school in every area of its philosophy and policies and to maintain the basic principles of Biblical morality in my home.
- I agree to assume responsibility for my child's education by actively co-laboring with the school, supervising homework, being an encourager, and keeping in regular contact with my child's teacher(s).
- I agree to support the school to the best of my ability through attendance and participation in the various school activities, and through prayer.
- In the event my child becomes ill or is injured while under school supervision, I give my consent for the school authorities to take the following steps:
  - Contact a parent of the child and follow his or her instructions.
  - Contact the child's physician and follow his or her instructions in the event neither parent can be reached.
  - Use their own discretion in contacting a properly licensed physician and follow his or her instructions if the child's physician cannot be reached. This includes calling 911.
  - If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the School Director, or his or her designee, to furnish on my behalf such written or oral authorization as may be so required. Further, I release the Director, or his or her designee, Summerville Baptist Pre-K, and Summerville Baptist Church from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.
- I understand that my child cannot be enrolled until the registration fee has been paid and the parental agreement has been signed. The registration fee is non-refundable.
- I understand that all past due balances will be subject to a \$30 late fee.
- I agree to be personally responsible for all financial obligations incurred at Summerville Baptist Pre-K.
- Summerville Baptist Pre-K reserves the right to refuse any application or dismiss any child at any time for any reason it deems necessary. Neither this application nor payment of fees is binding upon Summerville Baptist Pre-K.

## Parent/Legal Guardian Acknowledgement

MY SIGNATURE BELOW INDICATES I HAVE READ, UNDERSTAND, AND AGREE WITH THE PARENTAL (LEGAL GUARDIAN) AGREEMENT.

Father's Signature: _____	Date: _____
Mother's Signature: _____	Date: _____
Legal Guardian's Signature: _____	Date: _____
Administrator's Signature: _____	Date: _____

Please sign below if you would be willing to send snacks for special parties we will have during the year.

Signature \_\_\_\_\_

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If you would be interested in being a room mother to coordinate parties throughout the year please sign below.

Signature \_\_\_\_\_

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Field Trips:

I understand that special trips are planned for the children away from the Pre-K at different times throughout the school year. I am aware that these excursions are carefully arranged and supervised by an adequate number of adults. I am willing to assume the responsibility for the Pre-K taking my child, \_\_\_\_\_ on these trips.

I will be available to assist in the field trips.

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Mother's Day Out Program

If you are interested in your child attending the Mother's Day Out program on Thursdays after school please call the church office (298-4416) for details.