



1400 South Main Street, Hopkinsville, KY 42240  
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### REGISTRATION FORM (2011-2012)

All fees are non-refundable

\*\* A REGISTRATION FEE of \$25 per student is to be returned with this form to the Director.

#### SUPPLY FEES for 1, 2, 3, and 4 year old classes

**\*\* A SUPPLY FEE of \$100 for each School Year Student is due by the end of August.**

**\*\* A SUPPLY FEE of \$150 for each Full Year Student is due by the end of August.**

DATE APPLICATION RETURNED TO DIRECTOR: \_\_\_\_\_  
MUST INCLUDE \$25 REGISTRATION FEE

CHILD'S NAME \_\_\_\_\_ \_ Male \_ Female  
DATE OF BIRTH \_\_\_\_\_ CURRENT AGE \_\_\_\_\_ START DATE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

MOTHER: Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you attend church? \_ Yes \_ No If yes, where? \_\_\_\_\_

FATHER: Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you attend church? \_ Yes \_ No If yes, where? \_\_\_\_\_

Does your child have playmates of similar age? \_ Yes \_ No

Does your child attend Sunday School? \_ Yes \_ No

Does your child get along with other children? \_ Yes \_ No

What is your child's attitude toward coming to school at First Baptist Church?  
\_\_\_\_\_

Relate any important information concerning:  
Toilet Habits  
\_\_\_\_\_

Sleep/Nap Habits \_\_\_\_\_

Fears \_\_\_\_\_

Is there any other information that you think would be helpful to your child's teachers?  
\_\_\_\_\_

**EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**LATE PICK-UP FEES: We close, Monday-Friday, at 5:30 pm. The 1<sup>st</sup> time a child is here past 5:30 pm the charge will be \$5.00 and an additional charge of \$1 every time.**

**Persons authorized to pick up child: Anyone picking your child up will need to show a picture ID with their name on it. Please notify us if someone is going to be picking your child up that does we will not be familiar with.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship \_\_\_\_\_

6. Name \_\_\_\_\_ Relationship \_\_\_\_\_

**CLASS INFORMATION:** Please check appropriate selection:

**SCHOOL YEAR STUDENT** or  **FULL YEAR STUDENT**

School-Year students will **NOT ATTEND** on days that the Christian County Public Schools are closed for breaks (Fall break, Christmas break, Spring break and Summer vacation as dictated by the Christian County Public School Calendar for school year 2011-2012. School-Year students are able to come on snow days.

**Please check ONE of the following as it applies to your needs and desires for a**

**FULL YEAR STUDENT:**

**CLASSES 2, 3, 4- YEAR OLDS BIRTHDATE DETERMINES WHICH CLASS THEY ARE PLACE INTO.**

My child will attend **5 half-days a week**..... \$100 per week

My child will attend **5 full days a week**..... \$115 per week

My child will attend **3 half-days a week**..... \$85 per week

My child will attend **3 full days a week**..... \$100 per week

**CLASSES 0 & 1-YEAR OLDS BIRTHDATE DETERMINES WHICH CLASS THEY ARE PLACE INTO.**

My child will attend **5 half-days a week**.....\$110 per week

My child will attend **5 full days a week**. .... \$125 per week

My child will attend **3 half-days a week**.....\$95 per week

My child will attend **3 full days a week**. .... \$110 per week

**Please check ONE of the following as it applies to your needs and desires for a**

**SCHOOL YEAR STUDENT:**

**CLASSES 2, 3, 4- YEAR OLDS BIRTHDATE DETERMINES WHICH CLASS THEY ARE PLACE INTO.**

My child will attend **5 half-days a week**..... \$85 per week

My child will attend **5 full days a week**.....\$100 per week

My child will attend **3 half-days a week**..... \$70 per week

My child will attend **3 full days a week**.....\$85 per week

**CLASSES 0- & 1-YEAR OLDS BIRTHDATE DETERMINES WHICH CLASS THEY ARE PLACE INTO.**

My child will attend **5 half-days a week**. ....\$95 per week

My child will attend **5 full days a week**. .... \$110 per week

My child will attend **3 half-days a week**..... \$80 per week

My child will attend **3 full days a week**. .... \$95 per week

**THERE IS A \$30 FEE FOR RETURNED CHECKS AND LATE TUITION PAYMENTS. THEY can be TURNED OVER TO THE County Attorney for collection.**

**WALK PERMISSION STATEMENT**

I give permission for my child to go on walks (weather permitting) with First Baptist Church Weekday Ministries Staff. \_\_\_\_\_ (initial here)

**MEDICAL HISTORY (to be completed by parent/guardian)**

- 1. Immunization Records: a current KY certificate is required for enrollment in this program.
  - 2. Name of physician \_\_\_\_\_
  - 3. List of Allergies \_\_\_\_\_
  - 4. Has your child ever had any serious illnesses? \_ Yes (list below) \_\_ No
- 
5. Are there any restrictions or situations of which we should be aware? \_ Yes (please list) \_ NO
- 

**PERMISSION FOR HEALTH CARE**

It is the policy of this day care that we have a notarized statement from each parent giving us permission to seek emergency aid. We have prepared the statement below that you may sign and have notarized that we will keep on file. (You may obtain a notary in the church office.) We appreciate having your child in the First Baptist Weekday Ministries, and want to take every precaution for his/her safety. In the event of sudden illness or injury, I, \_\_\_\_\_ give First Baptist Church Weekday Ministries permission to seek emergency aid for my child, \_\_\_\_\_.

Parent/Guardian signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Insurance carrier: \_\_\_\_\_  
 Policy number: \_\_\_\_\_  
 Notary Public Signature: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_

**The Weekday Ministries Staff has a Notary and can notarize this for you.**

**TUITION AGREEMENT  
2011-2012**

PARENT(S)/GUARDIAN(S):

PLEASE read the handbook and all other information –cover to cover- before you sign this agreement.

The signatures below indicate that I/We agree to the rules and policies of the Application-Contract and the Handbook for the First Baptist Church Weekday Ministries (WDM) Pre-school and day care.

If the family is separated or divorced and there is joint custody, we need a copy of the custody agreement and both parties signature below.

We will first - follow instructions given us by the documents listed above and second – abide by the wishes and directives of the parent/guardian who enrolls the child with us as long as it is in accordance with the Kentucky Childcare State regulations .

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

Parent(s)/Guardian(s) Signature 1) \_\_\_\_\_  
 2) \_\_\_\_\_

DATE SIGNED 1) \_\_\_\_\_  
 2) \_\_\_\_\_

# TUITION AGREEMENT RATE SHEET 2011-2012

This outlines the tuition agreement based on the services requested by you in our contract. The tuition agreement page of your application must be completed, signed and returned to the WDM Director and is your agreement with these tuition and fee terms as well as all material in the handbook.

**1. Depending upon the option you contract for, each family will pay supply fees during the first month of enrollment that will be pro rated depending on the enrollment date. Other wise the supply fee is due in August of every school year.**

**A. School Year student supply fee \$ 100.00**

School Year students do not attend on days that the Christian County Public School System is not in session. This includes, Labor day, fall break, Election day, Thanksgiving break, Christmas break, Martin Luther King Day, President's Day, and spring break. They are allowed to attend snow days that the schools are closed for.

**B. Full Year student supply fee \$150.00**

Full Year students do not attend the **2011-2012** holidays that the WDM is closed: **September 5, November 24-25, December 23, 26 January 17, February 10, May 28, July 4<sup>th</sup>.**

C. We are never closed on inclement weather days unless the authorities instruct us that we should not be on the highways and roads. If we are closed it will be announced on 98.7 WHOP & 106.5 WKDZ & WNKJ radio stations and on the Hopkinsville TV station Channel 3.

**2. TUITION RATES – due the first day of attendance each week**

**3. Walk-in rate: full day \$30 and a half day \$15**

**4.** A two week notice is required for withdrawal.

**5.** If an account goes delinquent for 2 consecutive weeks the child may be removed from the WDM and or fined a late fee.

**6.** If you have a 3 day (half or whole) contract, you need to keep the same days weekly that your child attends. If it has been approved by the Director and you want to come an extra day or half day will be charged the walk-in rates.

**7.** If a student is in attendance for any part of lunch the cost is **\$2.50 per day**

## REGISTRATION PACKET

**TURN IN THE FOLLOWING WHEN YOU REGISTER YOUR CHILD(REN). ALL ITEMS ARE NECESSARY AND ARE INCLUDED IN YOUR REGISTRATION PACKET UNLESS INDICATED. Failure to have all necessary forms can forfeit the slot for your child(ren).**

This is just a checklist for you to be sure we get all necessary items:

\_\_\_\_ Application Form that includes personal information, Permission for Health Care & Medical History, Walk Permission form & Emergency Notification information, and Tuition Agreement, (these must be thoroughly complete or the packet will be sent them back for completion. A child cannot accepted until these completed forms are on file with Weekday Ministries)

\_\_\_\_ Kentucky Immunization Certificate (can be obtained from Health Department or local doctor or Fort Campbell Health Services and must be in the child's file no longer than 15 days after the child's first day) This must be kept up-to-date by parent/guardian at all times. A notice is sent out at least 3 weeks in advance of expiration. This is done so an appointment can be made and the child will not miss days. State Regulations will not let us have a child in attendance who does not have a current Kentucky Immunization certificate on file with us.

\_\_\_\_ NON-REFUNDABLE Registration Fee of \$25 due for a "spot" to be reserved for a specific amount of time and is to be paid when packet is turned in to the WDM office.

\_\_\_\_ NON-REFUNDABLE Supply Fee: Must be paid during the first month of enrollment that will be pro-rated for the rest of that year and is also paid every August at the beginning of the School Year.

**You are not guaranteed a spot until you have paid the \$25 "hold your spot" fee.**