

SALEM BAPTIST PRESCHOOL ENROLLMENT FORM 2024/2025

OFFICE USE ONLY

SALEM MEMBER _____
RETURNING STUDENT _____
ALUMNI _____
PUBLIC _____
SIBLING _____

DATE _____
CASH _____
CHECK # _____

AGE LEVEL _____
DAYS ENROLLED _____
WAIT LISTED FOR _____

Student's Name _____
(LAST) (FIRST) (MIDDLE)

Name Called by _____ Boy ____ Girl ____ Race _____

Birthdate _____ (MO/DAY/YEAR)
Age on August 31, 2024 _____

Mother's Name _____ Father's Name _____

Mother's Address _____ Father's Address _____
city/zip _____ city/zip _____

Mother's Home Phone _____ Father's Home Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Phone # during preschool hours _____ Phone # during preschool hours _____

Mother's Email _____ Father's Email _____

Parents' Marital Status: Married ____ Single ____ Separated ____ Divorced ____ Widow/Widower ____

Sibling's Name(s) and Age(s): _____

Church or Religious Affiliation: _____

LOCAL EMERGENCY CONTACTS (please list two)

Name _____ Relationship _____

Phone Number(s) _____

Name _____ Relationship _____

Phone Number(s) _____

ADDITIONAL PEOPLE WHO HAVE PERMISSION TO PICK UP MY CHILD

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

For security reasons, every family member must have a password. In an emergency when someone other than those listed on this application will pick up your child, you must contact the preschool office by phone to give us the person's name. This person will be required to tell us your family password and to provide photo identification before we will dismiss your child to him/her.

****PLEASE WRITE YOUR FAMILY PASSWORD HERE:** _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR CHILD:

1. What primary language is spoken in your home? _____ If it is not English, please answer the following:

a. Is English ever spoken in your home? yes _____ no _____

b. Is your child fluent in English (i.e. able to understand and speak English at his/her age level)? yes _____ no _____

If you answered "no" to either a or b above, you are required to complete the additional "For ESL Students Only" paperwork.

2. Does your child have any allergies? _____ If yes, please answer the questions below:

a. Allergic to: _____

b. On a scale of 1-10, how severe are the reactions: _____

c. Does your child require medication for an allergic reaction? _____

d. Does your child have diet restrictions due to allergies? _____ If so and your child cannot eat the snack provided by the preschool, will you provide his/her snack? _____

****If your child does have allergies, you are required to complete additional allergy paperwork. If medication is needed for allergic reactions, it must be brought to school with the child on his/her first day.**

3. Does your child have any hearing, vision, or speech problems? _____ If yes, please explain: _____

4. Does your child have any existing medical problems that we need to be aware of? _____ If yes, please explain: _____

5. Has your child been evaluated or screened for developmental concerns? _____ If yes, please explain: _____

Is your child currently receiving services or has he/she received them in the past? _____ If yes, please explain: _____

6. Has it been suggested that your child be evaluated or screened and you have not done so? _____ If yes, when is screening planned? _____

7. Does your child have an IEP (Individualized Education Plan)? _____ If yes, your child's enrollment is tentative upon the Director reviewing the IEP to determine if our preschool can meet your child's needs.

8. a. Has your child had previous experience in another preschool or daycare, even for a partial year? _____

If yes, list where and when _____

If yes, what were your reasons for leaving? _____

If no, has your child ever been in someone's care besides immediate family _____

b. If your child has attended Salem in the past, please list teacher(s) name(s):

Toddler class _____
2-year old class _____
3-year old class _____
4-year old class _____

10. What are your expectations for this school year?

PLEASE READ AND INITIAL EACH ITEM BELOW:

- _____ **REGISTRATION FEE** – I understand that the registration fee is **non-refundable**
- _____ **TUITION** – I understand that September 2024 tuition is due on or before May 24, 2024 and is **non-refundable for any reason**. I also understand that failure to pay on time will result in my child being dismissed for the 2024-2025 school year
- _____ **MEDICAL EMERGENCY** – In the event of an emergency, I give permission for the preschool to secure immediate attention and treatment if I cannot be reached. I agree to be financially responsible for any cost incurred.
- _____ **POTTY TRAINING** – I understand that my child must be completely potty trained, which means wearing underwear and not pull-ups, and be able to take care of his/her own bathroom needs to be enrolled in the three, four, and five-year old classes. Failure to be properly potty trained can result in dismissal.
- _____ **DISMISSAL** – I agree that the Director and the Weekday Preschool Committee have the right to dismiss my child should he/she be unable to adjust to the classroom requirements. Possible causes for dismissal include, but not limited to: unresolved language barrier (which includes the inability to understand and respond appropriately to English); inconsolable screaming/crying/anxiety; aggressive/disruptive behavior; and repeatedly disrespecting or disobeying.
- _____ **AGE-APPROPRIATE** – I understand that my child must be the developmental, chronological, and cognitive age of the class he/she is entering.
- _____ **WITHDRAWAL** – I understand that if I need to withdraw my child from the preschool for any reason, **tuition for the following month must be paid**.
- _____ I agree to abide by all the policies of Salem Baptist Preschool and understand that failure to do so and/or falsification of the information on this enrollment form is cause for dismissal.

Parent Signature: _____ Date: _____