

**Columbiana Baptist Kindergarten**  
**208 North Main Street**  
**Columbiana, AL 35051**  
**(205) 669-2473**  
www.fbccol.net

*APPLICATION FOR ENROLLMENT*

<input type="checkbox"/> 2K Tuesday, Wednesday, Thursday	125.00	Registration Fee	\$ 65.00
<input type="checkbox"/> 3K Tuesday, Wednesday, Thursday	110.00	September Supply Fee	50.00
<input type="checkbox"/> 3K Monday -Friday	150.00	January Supply Fee	50.00
<input type="checkbox"/> 4K Tuesday, Wednesday, Thursday	110.00	School T-shirt	12.00
<input type="checkbox"/> 4K Monday -Friday	150.00	Receipt/Check Number	_____
<input type="checkbox"/> 5K Monday -Friday	150.00	Date	_____

(check one of the above)

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

Name Child is known by \_\_\_\_\_

Child's Date of Birth \_\_\_/\_\_\_/\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Residential Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Marital Status of Parents: Married[ ] Divorced[ ] Separated[ ] Widowed[ ] Never Married[ ]

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

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

We attend \_\_\_\_\_ Church

List all that live in your household \_\_\_\_\_

Are there step-parents, siblings or half siblings that are part of your child's life but reside elsewhere?  
Please list. \_\_\_\_\_

Transportation for child will be provided by \_\_\_ Parent \_\_\_ Carpool \_\_\_ Relative \_\_\_ Friend  
If carpooling please list others in carpool so we may schedule accordingly. \_\_\_\_\_

Have there been any births, deaths, adoptions or other changes or events within the family structure  
which have affected your child? \_\_\_ Yes \_\_\_ No If yes, please explain. \_\_\_\_\_

What fears if any does your child have and how does he/she express these fears? \_\_\_\_\_

Are your child's bowel and bladder functions well under control? \_\_\_ Yes \_\_\_ No  
(all children except for the 2's have to be potty trained)

What words does he/ she use for these functions? \_\_\_\_\_

Does your child have any physical, mental, or emotional disabilities that we should be aware of? \_\_\_ Yes \_\_\_ No If yes please explain clearly. \_\_\_\_\_

Does your child have any allergies or dietary restrictions? \_\_\_ Yes \_\_\_ No If yes please explain. \_\_\_\_\_

How does he/she react and what actions should be taken in the event he/she should have a reaction?  
\_\_\_\_\_  
\_\_\_\_\_

**\*This is a legally binding contract and must be signed in the presence of a Notary and duly notarized.**  
Child's Name \_\_\_\_\_

**\*Please read the following contract agreement carefully before signing.**

We, the parents of the above named child, agree that if our child is accepted for admission to this weekday educational program we will remit the fees and tuition payments as listed.

We understand our child is enrolled for the entire program year and we are responsible to remit the full tuitions and fees.

In the event we need to withdraw our child from the program we agree to give a two weeks written notice and will meet all financial obligations through that month.

We understand the school does not send monthly statements and payments are due no later than the tenth of each month. A \$10.00 late fee will be charged on all past due tuitions.

There will be a \$15.00 charge on all returned checks.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian* *Date*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian* *Date*

\_\_\_\_\_  
*Signature of Notary Public* *Date*

*Notary Seal*

## ***A.M. CARE REGISTRATION***

CBK offers early morning care Monday - Friday, beginning at 7:15am. Your child's teacher will pick her students up from the A.M. Care teacher at 8:15 and take them to class.

**This service may be used daily or on a drop in basis.**

\*Monthly fee is \$20.00 due with tuition by the 10<sup>th</sup> of each month

\*Drop in fee is \$2.00 per day due each morning of service

## ***LUNCH BUNCH / EXTENDED CARE REGISTRATION***

CBK now offers extended care programs for your child. Lunch Bunch from 12:00pm-2:30pm and Extended Care 2:30pm-5:00pm are offered Monday through Friday.

Lunch Bunch only is \$7.00 a day. Lunch Bunch and Extended Care is \$14.00 a day.

Each child will need a lunch and drink for Lunch Bunch.

Extended Care children will need to bring an afternoon snack, also.

Lunch Bunch children must be picked up **by 2:30** or they will go to the Extended Care teacher and **your account will be charged the additional \$7.00.**

Extended Care children must be picked up **no later than 5:00pm or you will be charged a late fee of \$1.00 for every minute that you are late.**

The **completed Transportation form**, provides the A.M. Care, Lunch Bunch and Extended Care teachers with your child's information.

Children will **NOT** be released to anyone that is **not** on the form.

Picture identification will be required if the teacher does not know the person picking up.

This is for the safety of your child.

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Signature of Parent

Date

Check the services you will be using :

A.M. Care      7:15 - 8:15      [ ] Everyday      [ ] Occasionally

Lunch Bunch    12:00 - 2:30      [ ] Everyday      [ ] Occasionally

Extended Care   12:00 - 5:00      [ ] Everyday      [ ] Occasionally

# Transportation Form

CHILD'S NAME: \_\_\_\_\_

Mother's name \_\_\_\_\_ Mother's phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's phone \_\_\_\_\_

List three or more persons that may assume responsibility for your child in the event you cannot be reached.

Name	Home Phone, Cell and Work Numbers	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any one we should not release your child to? (Please attach specific, signed instructions)

Yes  No If yes, list name (s) \_\_\_\_\_

Please list **all persons** permitted to pick your child up

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any allergies that your child has & actions that need to be taken if a reaction occurs:

\_\_\_\_\_

\_\_\_\_\_

Please list any medical / social / emotional conditions that the teacher may need to be aware of: \_\_\_\_\_

\_\_\_\_\_

## **Columbiana Baptist Kindergarten**

### **Fees and tuition information:**

*\*Prices are subject to change\**

*Registration fee:*                 \$65.00 (non-refundable)

*September supply fee:*       50.00 due by September 30

*January supply fee:*           50.00 due by January 30

### *Classes provided for CBK students:*

A.M. Care           7:15 - 8:15   \$2 a day or \$20 a month prepaid with tuition

Preschool           8:30 - 12:00

Lunch Bunch       12:00 - 2:30   \$7 a day

Extended Care     12:00 - 5:00   \$ 14 a day

<u>Classes</u>	<u>Monthly Tuition</u>	<u>Days</u>
5K	\$150.00	Monday - Friday
4K	150.00	Monday - Friday
4K	110.00	Tuesday - Thursday
3K	150.00	Monday - Friday
3K	110.00	Tuesday - Thursday
2K	125.00	Tuesday - Thursday