



Columbiana Baptist Kindergarten
208 North Main Street - Columbiana, AL 35051
(205) 669-2473
Enrollment Registration (2023-2024)

Toddler 1 (12-18m) M-F.....\$280

Toddler 2 (18-24m) M-F.....\$275

2K M-F..... \$240

3K M-F.....\$210

4K/5K M-F\$200

*Tuition price listed is per month.

Registration Fee (non-refundable)..... \$85

Supply Fee..... \$50 due Aug. & \$50 due Jan.

School Shirt..... \$15

Receipt / Check Number _____

Mark if paid on ChildPilot _____ (Office _____)

Office Use:

Date (Completed forms with paid Registration Fee: _____ Notarized: Y N

Child's Name _____

Name Child goes by _____

Child's Date of Birth _____ / _____ / _____ Male _____ Female _____

Residential Address _____

Mailing Address (if different from above) _____

Home Telephone _____ Email Address _____

Child's Father's Name _____

Father's Occupation _____

Employer _____

Work Phone: _____ Cell Phone: _____

Child's Mother's Name _____

Mother's Occupation _____

Employer _____

(Mother's Information Continued)

Work Phone: _____ Cell Phone: _____

Household's Primary Language: _____

Church you attend _____

List all that live in your child's household(s):

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

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. _____

List any additional information we should know regarding your family:

Are your child's bowel and bladder functions well under control? (3K and older needs to be able to use the potty. Pull-ups and diapers will not be used in 3K and 4K/5K.)

Yes _____ No _____

What words does he/she use for these functions? _____

Any additional information regarding restroom usage that we may should know?

Does your child have any physical, mental, or emotional needs that we should be aware of?

Yes _____ No _____

If yes, please explain clearly. This information helps determine how we can best meet the needs of your child and family. Any information provided does not necessarily mean we will not allow enrollment.:

Does/has your child attended a childcare facility or daycare?

Has your child ever been dismissed from a daycare or preschool?

☐ Yes ☐ No If yes, please explain _____

Please describe your child:

Personality: _____

Strengths: _____

Needs: _____

Fears: _____

How do we calm them? _____

Learning Style: _____

What role do they take on when playing with peers? _____

Mark the services you plan to use. Times and Prices are listed below: (if plans change, please let the office know)

A.M. Care 7:15-8:10 am ☐ Everyday ☐ Occasionally

(Regular Drop-Off 8:15-8:30. Class begins at 8:30. Drop-Off after 9:15 requires a doctor's note. In the event of unexpected emergent situations call the office for further guidance.)

Lunch Bunch 12:00-3:30 ☐ Everyday ☐ Occasionally

☐ I plan for my child to only attend the preschool class time, 8:30-12:00pm.

A.M. Care Fees

CBK offers early morning care Monday-Friday, beginning at 7:15am. Your child's teacher will pick her students up from A.M. Care Teacher and take them to class. This service may be used daily or on a drop-in basis. Monthly fee is \$30.00 due with tuition by the 10th of each month. This fee is invoiced automatically. Therefore, if you decide to change to occasional drop-in basis, please let the office know. Drop-in fee is \$4.00 per day due each morning of service.

Lunch Bunch Fees

CBK offers an extended care program for your child in the event you need care for him/her after 12:00pm. Lunch Bunch from 12:00-3:30pm is offered Monday-Friday for a charge of \$15.00 per day. Each child that stays for Lunch Bunch will need a lunch and drink in addition to their morning snack. Lunch Bunch children must be picked up by 3:30pm. You will be charged a late fee of \$5.00 a minute after 3:30pm per child.

This is a legally binding contract and must be signed in the presence of a Notary.

Child's Legal Name _____

* Please read the following contract agreement carefully before signing. We, the parents/guardians/caretaker of the above-named child, agree that if our child is accepted for admission to this weekday educational program, we will pay the fees and tuition payments as listed. We understand our child is enrolled for the entire program year and we are responsible to pay the full tuitions and fees. In the event we need to withdraw our child from the program we agree to give a 4-week written notice and will meet all financial obligations through the month. We understand the school does not send monthly statements and payments are due on the first day of each month. All tuition payments are paid one month in advance. (September tuition is due August 1st) A \$75.00 late fee will be charged on tuitions not paid by the tenth of each month. There will be a \$50.00 charge on all returned checks. All fees are subject to change at any time. Columbiana Baptist Kindergarten (CBK) holds the right to dismiss my child from the program in the event of unpaid tuition and fees. If my child is dismissed from the program due to unpaid tuitions, fees, behavior, or for any other reason deems necessary, I am still required to pay all outstanding balances. Signing this statement also means I have read and adhere to CBK's program rules, requirements, and standards as outlined in the Columbiana Baptist Kindergarten School Handbook.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Signature of Notary Public

Date

Notary Seal

Transportation/Allergy Form

Child's Name: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

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

Name: _____

Relationship to child: _____

What does your child call this person? _____ Phone _____

Name: _____

Relationship to child: _____

What does your child call this person? _____ Phone _____

Name: _____

Relationship to child: _____

What does your child call this person? _____ Phone _____

Please list all persons permitted to pick up your child:

Please list any allergies that your child has and 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:

The completed Transportation/Allergy Form provides the office as well as A.M. Care and Lunch Bunch Teachers with your child's important information. Children will **NOT** be released to anyone that is **not** on the form or listed on your account. Picture identification will be required if the teacher does not know the person picking up. This is for the safety of your child.

Signature of Parent

Date