CBK-Columbiana Baptist Kindergarten

2025-2026 Registration Form

STAFF ONLY: Date Forms Received: ___/___/___ Date Registration Fee Received: ___/___/___ Date of Withdrawal: ___/___/___
$85 Registration Fee Paid _____ Cash _____ Check _____ Check No. _____

CHILD'S INFORMATION

Child's Full Name: _____ Date of Birth: ____/____/____ Age by August 31, 2025: _____

Name the Child Goes By: _____ Street Address: _____

Gender: ☐ Male ☐ Female City: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Child's Mother's Name:_____ **Child's Father's Name :**_____

Street Address: _____ Street Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Cell Ph: _____ Home Ph: _____ Cell Ph: _____ Home Ph: _____

Employer: _____ Employer: _____

Position/Title: _____ Position/Title: _____

Work Ph: _____ Work Ph: _____

Email Address: _____ Email Address: _____

EMERGENCY CONTACTS

Please list any additional emergency contacts authorized to act for the parents/guardians in an emergency:

Name: _____ **Name:** _____

Relationship to Child: _____ Relationship to Child: _____

Cell Ph: _____ Home Ph: _____ Cell Ph: _____ Home Ph: _____

PICK-UP AUTHORIZATION

Please list any additional contacts, other than the parents/guardians and emergency contacts, authorized to pick-up your child:

Name: _____ **Name:** _____

Cell Ph: _____ Home Ph: _____ Cell Ph: _____ Home Ph: _____

Name: _____ **Name:** _____

Cell Ph: _____ Home Ph: _____ Cell Ph: _____ Home Ph: _____

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FAMILY INFORMATION

Does the family have a parenting plan with the child splitting time between parents/guardians? ☐ Yes ☐ No

If yes, please describe the parenting plan: _____

_____

Does the family have a custody order that restricts one parent's access to the child? ☐ Yes ☐ No

If so, briefly describe it here (a Certified Court-Ordered Custody Order must be submitted with this form): _____

_____

MEDIA CONSENT

During the school year, the staff at CBK may want to interview, photograph, or videotape your child for social media and promotional materials. The photographs and videos may be of groups of children or individuals.

☐ Yes, permission is granted for my child.

☐ No, permission is not granted for my child. Please do not publish any interviews, photographs, or videos of my child.

AM Care/Lunch Bunch

My child will need the following services (select all that apply):

- ☐ AM Care Daily
- ☐ AM Care Occasionally
- ☐ Lunch Bunch Daily
- ☐ Lunch Bunch Occasionally
- ☐ My Child will not need extra services

AM Care: $5 per day or $40 per month
Lunch Bunch: $20 per day

2025-2026 CBK Preschool Tuition Pricing (8:45 AM-12 PM)

Nursery: $300 per month
Toddlers: $295 per month
2K: $260 per month
3k: $230 per month
4K: $220 per month

A $40 supply fee will be invoiced both semesters for a total of $80.

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CHILD'S MEDICAL INFORMATION

Does your child have any medical condition(s) that requires ongoing care? ☐ Yes ☐ No

If yes, please explain what type of care is administered at home and by whom: _____

_____

Does your child have any know allergies? Yes ☐ No ☐

If yes, describe the allergies and severity:_____

_____

Please describe course of action if allergic reaction occurs: _____

_____

Does your child require an EpiPen? ☐ Yes ☐ No If yes, for what? _____

List any medications your child is currently taking: _____

_____

Anything else we should know? _____

_____

Name of Pediatrician: _____ Doctor's Office: _____

Phone: _____ Address: _____

CHILD'S PERSONALITY & DEVELOPMENT

Does your child talk? ☐ Not at all ☐ Not very well ☐ Somewhat well ☐ Fairly well ☐ Very well

Which of the following words best describe your child's personality? Check all that apply.

☐ Fussy	☐ Shy	☐ Happy	☐ Adventurous	☐ Playful
☐ Grumpy	☐ Quiet	☐ Affectionate	☐ Determined	☐ Inquisitive
☐ Quick tempered	☐ Cautious	☐ Friendly	☐ Confident	☐ Easy-Going
☐ Reserved	☐ Sensitive	☐ Energetic	☐ Independent	☐ Calm

What are some of your child's favorite things to play at home? _____

_____

Does your child have any special interests? _____

How does your child react when he or she does not get their own way? _____

Anything else we should know? _____

_____

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EATING HABITS

Fill out this section if your child is an infant:

Check all that apply: I plan to... ☐ Provide formula ☐ Provide pumped breastmilk ☐

If formula will be used, what kind of formula? _____

If a bottle will be used, how much does your child typically drink in one sitting? _____

Describe your child's typical feeding schedule: _____

Anything else we should know? _____

Fill out this section if your child is eating solid food:

Does your child feed him/herself: ☐ Yes ☐ No

What is your child's typical eating schedule? Breakfast: _____ Lunch: _____ Dinner: _____ Snacks: _____

What is your child's general attitude toward eating? _____

Foods your child should avoid (allergies, intolerances, cultural/religious preferences): _____

Favorite foods: _____

Food dislikes: _____

Anything else we should know? _____

SLEEPING HABITS

Typical Bedtime: _____ Morning Wake-Up Time: _____ Average number of hours of sleep per night: _____

Describe your child's typical nap schedule with time(s) and duration(s): _____

What is your child's typical attitude toward napping/bedtime: _____

Habits associate with going to sleep: _____

Is bed wetting an issue? If yes, is it an issue at nap or bed time? _____

Anything else we should know? _____

TOILETING HABITS

Fill this section out if the child is mostly or fully potty trained:

Is your child mostly potty trained when awake (fewer than 2 accidents per week)? ☐ Yes ☐ No

Is your child fully potty trained, even during naps/overnight (fewer than 2 accidents per week)? ☐ Yes ☐ No

Can your child tell you when her or she needs to go? ☐ Yes ☐ No Can your child use the restroom on their own? ☐ Yes ☐ No

What words does your child use for urinating? _____ Bowel movements? _____

Anything else we should know? _____

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PARENT/GUARDIAN DECLARATIONS

Initials **Please affirm the following declarations:**

_____ My child is up-to-date on their immunizations. I have or will submit an up-to-date certificate of immunization.

_____ I hereby authorize emergency medical care for my child. In the event of an accident or illness, I grant permission to Columbiana Baptist Kindergarten staff or representatives to administer necessary first aid and/or call an ambulance to take my child to the nearest medical facility for additional care.

_____ I agree to keep my payments up to date and understand that if payments are not made in a timely manner, we may be dismissed from the preschool program at CBK.

CHILD CARE AGREEMENT/CONTRACT

Our promise to you:

- Provide a loving, nurturing, and supportive environment for children
- Offer opportunities for children to grow cognitively, emotionally, socially, physically and most importantly, spiritually.
- Communicate pertinent information with you about your child and our program

Your promise to us:

- Follow all established CBK policies and procedures
- Follow payment procedures in a timely and accurate manner
- Read and discuss rules and updates with your child
- Inform us of any changes in registration information, attendance, or payment options

PARENT/GUARDIAN SIGNATURE

I have read the above terms and understand that by signing, I agree to follow the terms of contract.

A $85 non-refundable registration fee must be submitted with this contract.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: ____/____/___

Signature of Notary Public:_____ Date:____/____/___

Notary Seal

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