Columbiana Baptist Kindergarten

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

APPLICATION FOR ENROLLMENT (2021-2022)

[ ] 2K Tuesday –Thursday…...……..170.00
[ ] 2K Monday - Friday…...……...…....200.00
[ ] 3K Monday –Friday…….....180.00
[ ] 4K Monday –Friday……..180.00
[ ] 5K Monday –Friday……..180.00

(check one of the above)

Registration Fee (Non-Refundable) $ 75.00
…….
Yearly Supply Fee (Due Sept. 1) $100.00
School T-shirt $ 12.00
Receipt/Check Number _____
Date _____

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._____
_____

Has your child ever been dismissed from a daycare or preschool? ___ Yes ___ No If yes, please explain._____

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 _____

***<u>Please read the following contract agreement carefully before signing.</u>**
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 on the first day of each month. All tuition payments are paid one month in advance. (September tuition is due August 1st) A $10.00 late fee will be charged on tuitions not paid by the tenth of each month.
There will be a $25.00 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

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 Relationship to child Home Phone, Cell and Work Numbers

_____
_____
_____
_____

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:_____
_____

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 the A.M. Care teacher and take them to class.

This service may be used daily or on a drop in basis.
*Monthly fee is $25.00 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 $2.00 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 12:00pm-3:30pm is offered Monday through Friday for a charge of $10.00 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 $2.00 per minute after 3:30pm.**

The **completed Transportation 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.
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

Check the services you plan to use: (if plans change, please let the office know)

A.M. Care 7:15 - 8:20am [ ] Everyday [ ] Occasionally

Lunch Bunch 12:00 - 3:30pm [ ] Everyday [ ] Occasionally

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

Columbiana Baptist Kindergarten
2021 - 2022 Fees and tuition information:

Registration fee (yearly): $75.00 (non-refundable)

Supply Fee (yearly): $100.00 due by September 1

Classes provided for CBK students:

A.M. Care 7:15 - 8:20 $2 a day or $25 a month prepaid with tuition

Preschool 8:30 - 12:00

Lunch Bunch 12:00 - 3:30 $12 a day **(paid daily or at beginning of each week)**

Classes	*Monthly Tuition*	*Days*
5K	$180.00	Monday – Friday
4K	180.00	Monday – Friday (must be 4 by September)
3K	180.00	Monday - Friday (must be 3 by September 1 and completely potty trained)
2K	170.00	Tuesday – Thursday (must be 2 by Sept. 1)
2K	200.00	Monday – Friday (must be 2 by Sept. 1)

***Please keep in mind that CBK is not a daycare. We are a preschool and we are here to assist in your child's learning. We do follow closely with the calendar for Shelby County Schools.*

Revised 07/15/20