

Enrollment Packet 2021-2022

Please use the following checklist to complete enrollment for the 2021-2022 school year.

- _ Complete one application packet per child.
- __ Bring forms with enrollment fee to
 - Children's Ministry office.

(Enrollment Fee Reserves Your Child's Placement)

Please include:

- Enrollment fee.
- A copy of child's current immunization record.
 - (Required annually)
- __ A copy of child's birth certificate.
- _ Pay Book & Supply Fee and September Tuition By August 5, 2021.

Tuition payments are made one month in advance.

Open House-Thursday, September 2, 2021 First Day of Class-Tuesday, September 7, 2021 at 8:30 am

J.O.Y. Preschool & Kindergarten

A Ministry of First Baptist Church Since 1988

940 West Oak Street

Skiatook, OK 74070

918-396-7859

www.fbcskiatook.com

J.O.Y. Preschool and Kindergarten, a ministry of First Baptist Church since 1988, exists for the purpose of partnering with parents to provide a Christ-centered spiritual and academic foundation.

J.O.Y. Preschool & Kindergarten 2021-2022 School Fee Schedule

Enrollment Fee

Due at Time of Enrollment Before July 1-\$100 After September 1-\$150

Book and Supply Fee

Book and supply fee must be paid by August 5, 2021 Books and Supply fee covers: All curriculum, classroom material, snack fee and school t-shirt.

Babies (6 months) - K4 Program \$125 Kindergarten Program \$200

Tuition

Babies (6 months) - K4 Program

2 Day-Tuesday & Thursday, 8:30-1:30 \$170 a month 3 Day-Tuesday, Wednesday, Thursday, 8:30-1:30 \$220 a month

Kindergarten Program

4 Day- Monday, Tuesday, Wednesday, Thursday 8:30-2:00 \$300 a month

Family discount = A 10% discount is given for the entire school year tuition paid in full by August 5, 2021. Families with more than one child enrolled will pay full tuition for the first child and receive a 10% discount for each child thereafter. Only one discount applies per family. Enrollment, book & supply fees are not eligible for discounts.

PLEASE NOTE

Tuition is payable in 9 month payments beginning August 5th and ending April 5th. Your child's placement will not be guaranteed if your first tuition payment is not made by August 5, 2021.

NO EXCEPTIONS. All subsequent payments will be made by the 5th of the month. Payments not received by 3:00 pm on the 5th of each month will be charged a \$15 late fee. Accounts 30 days past due will be subject to withdrawal. All returned checks will be charged a \$30 fee.

NOTE: All fees subject to change and are **NON-REFUNDABLE** except where students are not accepted by the school due to classes being filled, failure to meet entrance standards, or parents who move out of the Skiatook area. For these cases fees will be refunded according to the following schedule:

If written notice is received within:

30 days prior to school opening 100% 20 days prior to school opening 50%

Fewer than 20 days prior to school opening 0%

J.O.Y. Preschool and Kindergarten

Enrollment Application 2021-2022

PLEASE PRINT Student Name: _ Date of Birth: Middle Zip Home Phone: Address: Student's SS# _____-___-Gender: M F Ethnicity: American Indian Caucasian African American Asian Hispanic Other: Circle Program Applying for (Must be appropriate age by September 1, 2021) **Babies-6 Months to One year**: 2 day (T/TH) 3 day (TWT) 1 year old: 2 day (T/TH) 3 day (TWT) 2 year old: 2 day (T/TH) 3 day (TWT) **K3:** 2 day (T/TH) 3 day (TWT) **K4**: 2 day (T/TH) 3 day (TWT) **Kindergarten**: 4 day (MTWT) Full Name of Father/Guardian: _____ Home Address: Phone: Father's Employer: _____ Phone: _____ Business Address: Occupation: Email address: _____ Cell Phone: _____ Full Name of Mother/Guardian: Home Address: _____ Phone: _____ Mother's Employer: ______ Phone: _____ Business Address: Occupation: Email address: _____ Cell Phone: Other Children in Family: Name and Age Name and Age Name and Age Name and Age Please check all that apply: Child lives with both parents Parents are separated Parents are divorced Father is deceased Mother is deceased Child lives w/Mother Child lives w/Father __Father has custody __Grandparents have custody Mother has custody Custody arrangements have been court adjudicated. Joint custody of child is held between _____ and ____ Person responsible for payment of tuition and fees: Address Name Phone

Church presently attending:

Has child been suspended or expelled from any other dayca Yes/No If yes, explain	are/preschool /school for any reason?					
Has child been recommended for any special testing of services, whether or not the recommendation was follow Yes/No if yes, explain.						
Has child demonstrated negative social behavior (i.e. disrespect, fighting, and name calling)? Yes/No If yes, explain.						
Is there any other information regarding your child we shou	ıld know?					
J. O.Y. was recommended by:						
Why did you choose J.O.Y.?						
What do you believe needs the most improvement in your c	child's development?					
Socially?						
Academically?						
Spiritually?						
Notice of Nondiscriminate	ory Policy as to Students					
J.O.Y. Preschool & kindergarten admits students of any rac leges, programs, and activities generally afforded or made a nate on the basis of race, color, nationality and/or ethnic ori policies, financing program or other school-administrated p	available to students at the school. It does not discrimi- igin in administration of its educational or admissions					
I affirm that all the information contained in this application understand providing false information or omission of pertiplication or dismissal of my child from J.O.Y. Preschool & vide additional written information.	nent information could be reason for rejection of the ap-					
Father/Guardian's Signature	Date					
Mother/Guardian's Signature	Date					

J.O.Y. Preschool & Kindergarten Medical and Liability Release 2021-2022

Please Use Black Ink Child's Name	Data of Dieth	
Last First	Date of Birth _	
Child's DoctorName	Address	Phone
HospitalName of Hospital		
	Address	Phone
Child's Dentist Name	Address	Phone
Child's Overall Health: Excellent Fair Poor		
Any Physical disabilities? Yes/No If YES, p		
Date of Last Physical Examination		
Please list any health problems (diabetes, asth		
Please list any food related allergies (includin		
Please list any medications your child takes re (If your child is on medication at any time during the s	egularly (including those not taken at schoo chool year you MUST FIIL OUT a Request to Dispense Medication	ol) n form in Director's Office.)
Please list any serious previous illness		
Has your child had Chicken Pox? Yes/No Da		
	ons to be contacted in case of an emerge	
i lease mulcate pers	ons to be contacted in case of an emerge	псу
Name of Parent or Guardian	Emergency Phone as	nd Cell
Name of Parent of Guardian	Emergency Phone as	nd Cell
Name	Emergency Phone and Cell	Relationship to Child
Name	Emergency Phone and Cell	Relationship to Chile
	Insurance Information	
Do you have health insurance which covers you Name of Company	our child? Yes/No Please include a front/l Policy #	back copy of insurance card broup #
Name of CompanyAddress		Phone
Name insurance is carried under	dian Medical/Liability Release Statemer	······································
The above stated minor has permission to participal Skiatook, OK or attend activities from September garten will take reasonable steps to provide care and their employees or agents cannot and shall not assuduring the course of any activity during functions is minor to participate, I agree that full responsibility be asserted by any person as the result of the acts of ed by J.O.Y. Preschool & Kindergarten, or traveling against J.O.Y. Preschool & Kindergarten, First Bajand hold J.O.Y. Preschool & Kindergarten and First and including attorney fees and cost incurred by J.O. fense thereof. I further authorize medical treatment participates in the course of activities provided or stook, OK.	te in and travel with J.O.Y. Preschool & Kinde I, 2021—May31, 2022. While I understand that d safety to minor, I am aware that the J.O.Y. Preschool or attended by this minor. In consishall remain with me as a parent or guardian of this minor while participating in the course of g to or from such activity, or should minor or a potist Church, Skiatook, OK or its employees or at Baptist Church, Skiatook, OK harmless from D.Y. Preschool & Kindergarten and First Baptist of minor in the event of illness or injury sustant	rgarten, First Baptist Church I.O.Y. Preschool & Kinder- reschool & Kindergarten or or harm which might result ideration of permitting their ideration. Should any claim activities sponsored or providing party assert any claim agents, I agree to indemnify actions brought against them at Church Skiatook, OK in defined in my absence while mino
Signature of Parent/Guardian Date	Signature of Witness	Date

Photograph Release

I hereby consent to the photographing of my child and the recording of his/her voice and use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and/or authorization by J.O.Y. Preschool & Kindergarten and First Baptist Church, Skiatook OK to reproduce and use said photographs and recordings of my child's voice, for use in all domestic and foreign markets. Further, I understand that others, with or without the consent of J.O.Y. Preschool & Kindergarten and First Baptist Church Skiatook, OK may use and/or reproduce such photographs and recordings.

I hereby release J.O.Y. Preschool & Kindergarten and First Baptist Church Skiatook, OK and any of its staff, employees, associated or affiliated companies, their directors, officers, agents, employees and customers, appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

	Yes, I consent	NO, I DO	NOT CONSENT	
			ojects, posted on J.O.Y.'s CL ndergarten and First Baptist	
Child's Name:			Date:	
Parent/Guardian Pri	inted Name:			
Parent/Guardian Sig	gnature			
	A 41	. C Cl. 11	D'.I II.	
	Authorization		_	
	The persons listed be	low have permissic	on to pick up:	
Child's Name				
Last		First		Middle
Name:	Driver's Licens	e Number :	Relationship:	
Parent/Guardian			_	
rurono Guardian				
Parent /Guardian	_		-	
Parent/Guardian:		Date:	Phone:	

We reserve the right to request identification from anyone who picks up a child at J.O.Y. Preschool & Kindergarten

J.O.Y. Preschool & Kindergarten

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School Supply List

6 Months by 9.1.2021

A change of clothes, diapers, baby wipes, formula, may be brought in bulk and let in the classroom.

Non-Spill Sippy Cup 2-Roll paper towels 2-Baby Wipes 2-Clorox Wipes

Ones

Each day they will need their own backpack bag supplied with a change of clothes. Diapers, baby wipes, food, formula may be brought in bulk in left in classroom.

Non–Spill Sippy Cup 2-Roll paper towels 2-Clorox Wipes 2-Baby Wipes

Twos

Each day they will need their backpack supplied with a complete change of clothes (socks, shoes, underclothes, pants, shirt)

Non–Spill Sippy Cup 2-Roll Paper Towels 2-Clorox Wipes 2-Baby Wipes

K3 and K4

Each day they will need their back pack supplied with a complete change of clothes (socks, shoes, underclothes, pants, shirt)

2-Roll Paper Towels2-Baby Wipes2-Clorox Wipes

Kindergarten

Each day they will need their back pack supplied with a complete change of clothes (socks, shoes, underclothes, pants, shirt)

2-Roll Paper Towels 2-Clorex Wipes 2-Pkgs. Baby Wipes

Bring supplies to Open House

Open House Thursday, September 2

First Day of Class Tuesday, September 7 8:30–1:30

Rest Mats and Blankets Provided

918-396-1565, Ext 109 or 918-396-7859 sjordan@fbcskiatook.com www.fbcskiatook.com