



910 Shoshone St
Twin Falls, ID 83301
208-733-2936

Preschool, Childcare & Afterschool Care Application

Personal Information:

Child's Name: _____ Nickname _____
(last) (first) (mi)

Address: _____ Phone _____
(street) (city) (state/zip)

Mailing Address (if different) _____
(street or PO box) (city) (state/zip)

Age: _____ Birthdate: ____/____/____ Gender M F Immunization Record Attached? Y N
(record must be attached to complete enrollment)

Family Information:

Father/Guardian

Name: _____

Address: _____

zip _____

Primary Phone: _____

Secondary Phone: _____

Work Phone: _____

E-mail: _____

Employer: _____

Social Security Number: _____

Mother/Guardian

Name: _____

Address: _____

zip _____

Primary Phone: _____

Secondary Phone: _____

Work Phone: _____

E-mail: _____

Employer: _____

Social Security Number: _____

Marital Status: Single _____ Married _____

Widowed _____ Separated _____ Divorced _____

Remarried _____

If remarried, spouse's name _____

Marital Status: Single _____ Married _____

Widowed _____ Separated _____ Divorced _____

Remarried _____

If remarried, spouse's name _____

If separated or divorced, the student is living with: _____

Church regularly attended: _____

Other children

Name: _____ Birthdate: _____ Lives with: _____

Also attending First Baptist Preschool/Childcare or Afterschool Program? Y N

Name: _____ Birthdate: _____ Lives with: _____

Also attending First Baptist Preschool/Childcare or Afterschool Program? Y N

Name: _____ Birthdate: _____ Lives with: _____

Also attending First Baptist Preschool/Childcare or Afterschool Program? Y N



ADDITIONAL INFORMATION:

Do you feel your child is right-handed? _____ left-handed? _____ both? _____

Does your child have any special needs?: Y N

If so, please explain: _____

Does your child have clear understandable speech? _____ If no, is your child in speech therapy? _____

Do you feel your child is: Typically Active? _____ Hyperactive? _____ Quiet/Shy? _____

Is your child fully toilet trained? Y N (All children must be fully toilet trained prior to entering our program)

Please list two contacts in the event you cannot be reached in case of emergency, illness, etc.:

Name: _____ Phone _____

Name: _____ Phone _____

Please list those authorized to pick up your child other than parents and legal guardians. Please note, ID will be required at pick up until staff can recognize individuals without the need for identification:

How were you introduced to the First Baptist Preschool/Childcare/Afterschool Care? _____

If referred by an attending family, please state name: _____

Previous schools/childcares attended: _____

Reason for leaving: _____

Parent Signature _____ Date: _____

Parent Signature _____ Date: _____

.....
Office Info Only

Application _____ Medical Release _____ Payment Agreement _____

Registration Fee Rec'd \$ _____ Cash/Check _____ Date: _____

Immunization Record _____ Parental C & R _____

Preschool Only

Confirmation Sent _____ Open House Letter Sent _____ Teacher _____



First Baptist Medical Release Information

MEDICAL RELEASE FORM

Name _____ Birthdate _____
 Address _____
 City _____ Zip _____
 Home Phone _____ Dad Cell _____ Mom Cell _____
 Dad Work _____ Mom Work _____
 In case of emergency notify: _____ (Other than parents)
 Phone Number: _____ Relationship to minor _____
 Health Insurance Co. _____ Policy # _____
 Family Physician _____ Phone _____
 Allergies: (food, drugs, etc.) _____
 Other medical conditions: _____

I hereby request an employee to administer the medication named below to my child. I understand that all medications must be in the original container, labeled with the child's name and with directions to administer the medication. Prescribed medication must also include the date and name of physician. By signing below I release the childcare center and its employees from all liability for reactions which my child may suffer from this medication.

Child's Name	Medication	Dosage	Time to be given	Doctor Signature

 Parent/Guardian Signature

 Date



It is necessary that you complete and return the attached package forms to the director **before your child starts preschool/childcare**, including the Certificate of immunization and Childcare Facilities registration form.

Parent Agreement

I, the undersigned, have carefully read this parent agreement of the First Baptist Preschool & Childcare and will abide by the regulations listed below:

1. At the time of registration, I agree to pay the nonrefundable registration fee of \$65. Checks are to be made payable to: FirstB Preschool/Childcare
2. I agree that if my check is returned NSF, I am subject to a \$30 administrative fee or a \$34 fee if the bill was paid online with a check or debit card. I must pay the outstanding fee and NSF charge by cash. If I do not pay within the month of the original payment due date, my child will be withdrawn from preschool/childcare/afterschool care until payments are caught up.
3. I agree that if it becomes necessary to withdraw my child from the FirstB Preschool/Childcare or change the contract in any way, I will give a two-week notice in writing.
4. I understand that the full month's fees are payable, regardless of Christmas, Easter or any other school or statutory holidays, also regardless of my child's absence(s) from preschool/childcare for any reason.
5. I agree to notify the director of any changes in:
 - Address, phone number, or employment.
 - In any information given at the time of registration (i.e. doctor, medical problems, insurance, etc.)
 - Allergies or change in emergency contacts.
 - Any new routines or events at home which may affect your child's behavior.
6. I will not send my child to school if there is any question of illness. If my child contracts a communicable disease, I will notify the director immediately.
7. I agree to make every attempt to pick up my child from the preschool/childcare on time and to make sure that the teacher is aware of my child's arrivals and departures. There is a late fee charge of \$15 for the first 15 minutes past pick-up time then \$1 for every minute after. If your child is not signed up for childcare and arrives early for preschool by 15 minutes or more, there will be a \$15 charge.

Parent/Guardian Name

Parent/Guardian Signature

Date

Director Name

Director Signature

Date



Preschool, Childcare & Afterschool Care Parental Consent and Release Form

Parent Emergency & Transportation Consent: As the parent or guardian of the child named below, I hereby give consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Recognizing the possibility of physical injury, I hereby release, discharge and /or indemnify First Baptist, it's affiliated organizations, their employees and associated personnel and the facilities utilized by the program against any claim by or on behalf of the registrant as a result of the registrant's participation or being transported to or from the same which transportation I hereby authorize. I, the parent/guardian of the registrant, a minor, agree that I will abide by the rules of First Baptist and its affiliated organizations and sponsors.

Field Trips: I give my child permission to participate in all field trips and school activities approved by First Baptist. I understand that every effort will be made to notify me of field trip plans at least one week prior to the event.

Photo Consent: Occasionally, First Baptist would like to include photographs of children in our brochures, website or other promotional materials. In order for First Baptist to use children's pictures, we need permission from the parents of those students whose face may be recognizable.

_____ First Baptist **may** use my child's picture in brochures or other printed/displayed promotional materials.

_____ First Baptist **may not** use my child's picture in brochures or other printed/displayed promotional materials.

_____ First Baptist **may** use my child's picture on the First Baptist website/Facebook.

_____ First Baptist **may not** use my child's picture on the First Baptist website/Facebook.

_____ First Baptist **may** use my child's name in association with photographs.

_____ First Baptist **may not** use my child's name in association with photographs.

IRIS: I understand that First Baptist has access to the IRIS program to ensure that my child is current on all immunizations. If at any time my child is not current, I will schedule immunizations immediately and inform the Director once immunizations are again current. I understand that if I do not participate in the immunization program, I must fill out the Exemption form and return it along with my application.

Information Release: I grant First Baptist permission to contact my previous preschools and/or childcares to verify that I am in good standing, financially and otherwise.

Student Name

Birthday

Parent/Guardian (please print)

Address

City

State

Zip

Parent/Guardian Signature

Date



PRESCHOOL COPY
FIRSTB PRESCHOOL & CHILDCARE
CONTRACT
August 19, 2019...May 21, 2020

Preschool/Childcare Package Rates:

Charges for full-days:
 Tues./Thurs.= \$315 per month
 Mon./Wed./Fri.= \$410 per month
 Mon. thru Fri.= \$600 per month

Full-day charges include:
 AM Snack
 PM Snack
 Preschool
 Quality Childcare 7:30am-6pm

Circle days selected Mon-Fri or Mon/Wed/Fri or Tues/Thurs

Childcare Rates:

Childcare Hours: 7:30 am to 6:00 pm

Full time (4-5 days/week):\$405
 Part time (3 days/week): \$305 Which days? **M T W Th F**
 Part time (2 days/week): \$250 Which days? **M T W Th F**
 Drop-in rate (if availability allows): 0-4 hours \$20/day or 4+ hours \$35/day

Preschool Rates:

9:00am - 12:00pm Mon/Wed/Fri

9:00 am - 11:30 Tues/Thurs

Full time (Monday – Friday): \$305/month
 Part time (Monday, Wednesday, Friday):\$180/month
 Part time (Tuesday & Thursday): \$125
 * FirstB Preschool follows the TFSD Calendar

Preschool charges include:
 AM snack
 Quality preschool

Circle days selected Mon-Fri or Mon/Wed/Fri or Tues/Thurs

Afterschool Care Rates:

1st-5th grade: 3:00pm to 6:00pm
 1st-5th grade: \$15/day regular dismissal-\$20/day early dismissal
Kindergarten: 12:30pm-6:00pm
 Kindergarten \$305/month

 (Child's name)

 (Date of birth)

1. Children must bring their own breakfast and lunch daily.
2. Tuition will be charged on the 1st of every month and will be due by the 5th of each month. I agree to make my payments in full each month by the due date. (A fee of \$2/day will be charged for late payments.) Failure to submit payments by the last day of the current billing cycle (last day of the month) or have written arrangement with the director will result in the student being removed from the program they are enrolled in.
3. Afterschool care will be billed in advance. If students do not need afterschool care (but are signed up), please notify the director or a teacher one week prior. If the preschool and childcare is not informed of the absence, it will be assumed the child will be in attendance and will be billed accordingly.
4. For those receiving ICCP assistance, parent co-pays must be paid in full by the 15th of each month to continue the child's enrollment in the preschool/childcare program.
5. For the Afterschool Program, I will receive an \$10 credit for any day my child is absent if I notify



6. the director in advance by calling or texting before 8:00 am.
I can switch contracted days within the week at no charge, if availability allows.
7. I can add an extra non-contracted day at the current daily drop-in rate, if availability allows.
8. I understand a 2-week notice is required to change or terminate this contract.
9. I will keep my child home if he or she:
 - has had a temperature of 99.9*or more in the past 24 hours.
 - has been on antibiotics for less than 24 hours for any bacterial infection.
(After 24 hours, return may be accompanied by any medications needed.)
 - has croup or thick green or yellow nasal discharge accompanied by a persistent cough.
 - thick green or yellow nasal discharge.
 - has had diarrhea or vomiting in the last 24 hours.
 - has symptoms of pink eye (redness and mattering). Doctor's note needed to return.
 - has untreated head lice or scabies.

* children well enough to be in childcare are also well enough to play outdoors with the rest of the group each day...
Please do not ask us to keep your child indoors.

If my child exhibits any of the above conditions, I understand my child will be isolated from other children and within sight of teachers until I, or an authorized adult, arrive within 30 minutes to pick them up.
I will provide alternate care for my child until he or she has been symptom-free for 24 hours.
10. First Baptist Preschool and Childcare will offer the following family discounts:
 1. 2 students - \$50 discount w/ full-time enrollment, \$25 discount for part-time
 2. 3 students - \$100 discount w/ full-time enrollment, \$50 discount for part-time
 3. 4 or more students – see director
 4. Families with multiple students will only be charged one registration fee per year.

FirstB Preschool will be **CLOSED** on the following days:

September 2	Labor Day
November 25-29	Thanksgiving Week
December 23-January 5	Christmas Vacation
March 23-27	Spring Break

*We will be closed additional days that follow the Twin Falls School District Calendar

FirstB Childcare will be **CLOSED** on the following days:

September 2	Labor Day
November 26, 27	Thanksgiving
December 24, 25	Christmas Eve/Day
December 31, January 1	New Year's Eve/Day
May 25	Memorial Day

I agree to the above terms:

Financially responsible adult signature

Date



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NOTES: _____
