

Has your child had a serious medical condition? Yes___ No___

If YES, please list the condition and explain: _____

Has your child had any social, emotional, behavioral, or developmental delays/concerns or diagnoses? Yes___ No___

If YES, please explain: _____

Has your child been referred for testing or received testing (including IEPs or evaluations) for any special needs including, but not limited to any social, emotional, behavioral, or developmental delays? Yes___ No___

If YES, please provide a copy of the testing results/IEP and give any additional instructions: _____

Do you have any concerns regarding your child's speech, behavior, or social/emotional/physical development? Yes___ No___

If YES, please explain: _____

Does your child speak English? Yes___ No___ Do you speak English at home? Yes___ No___

If NO, please list the primary language spoken: _____

Has your child previously attended a weekday preschool or daycare program? Yes___ No___

Please list any group experience(s) your child has had: _____

Do we have your permission to include the following in your child's class directory:

Address: Yes___ No___ Phone number: Yes___ No___ Email address: Yes___ No___

Parental Agreements (Please initial.)

I understand that my child **must be completely potty-trained** and self-sufficient in the restroom by the time school starts – **no exceptions**. Completely potty-trained includes: independently undressing and redressing, wiping thoroughly, flushing the toilet, and washing hands properly. FBPK staff does not change clothing of children. I agree to come to the school in the event of a potty accident.

I agree._____

I understand that an Alabama Immunization Certificate (IMM50), Military Medical Record, or a Religious Letter of Exemption is required before school begins. **I agree.**_____

FBPK teachers and staff are not trained or equipped to meet the needs of children with significant medical, emotional, developmental, behavioral, learning, sensory challenges (including visual, speech, hearing impairments), or those requiring frequent one-on-one assistance. FBPK reserves the right to deny or discontinue enrollment if appropriate care cannot be provided. **I agree.**_____

I agree to provide a 30-day written notice if withdrawing my child from FBPK. I understand tuition and fees are non-refundable. **I agree.**_____

I understand tuition is an annual amount divided into 10 equal payments, due August through May by the first day of each month. August tuition must be paid by July 10, 2026. I understand that a \$10.00 late fee will be applied to late payments. **I agree.**_____

I agree to pay a late fee when picking up my child after 12:05 p.m. (regular dismissal) or after 2:30 p.m. (Lunch Bunch/After School Care dismissal): **\$10.00** (up to 5 minutes), **\$15.00** (up to 10 minutes), **\$20.00** (up to 15 minutes), **\$25.00** (up to 20 minutes). **I agree.**_____

I understand that I must remain in good financial standing to be eligible for future enrollment.

I agree._____

I have received and read the General Requirements and Information. I wish to enroll my child in First Baptist Preschool and Kindergarten.

Parent's Signature _____

Date _____