Winter Park
Baptist Preschool

Enrollment Paperwork Checklist 2026-27

- ☐ Enrollment Application
- ☐ Emergency Care and Medical Information
- ☐ Acknowledgement of Information Received *(signed in 3 places)*
- ☐ Off Premise Permission
- ☐ Tuition Express Automated Payment Processing *(optional)*
- ☐ $100 registration fee
- ☐ Children's Physical Examination *(signed by pediatrician - **due before first day**)*
- ☐ Immunization record *(**due before first day**)*

Enrollment Application 2026/27

Child's Name: _____
First MI Last Nickname

Child's Birth date: _____/_____/_____ *(including year)* *(circle)* Male Female

Home address: _____
Street *City* *Zip*

Father's Name: _____ Father's Cell: _____

Email: _____ Father's employer: _____

Father's address *(if different from above)*: _____

Mother's Name: _____ Mother's Cell: _____

Email: _____ Mother's Employer:_____

Mother's address *(if different from above)*: _____

Siblings: *(name)* _____ *(age):* _____

(name) _____ *(age):* _____

Church Affiliation	Winter Park Preschool Affiliation
_ Winter Park Baptist Church	_ Current Preschool Family
_ Other *(pls specify)* _____	_ Former Preschool Family
_ No Present Church Affiliation	_ New Preschool Family

Has your child had previous group experience? **Y N** *(If so, where?):* _____

How did you hear about our preschool? _____

Class Enrollment 2026-2027

Annual Registration/Deposit Fee: all ages - **$100.00**

TUITION
(10% sibling discount)

Schedule *(please circle)*:

2 days ***(Tues/Thurs)***

9am - 12pm: $230/mo
or
9am - 1pm: $300/mo
or
9am - 3pm: $425/mo

3 days ***(Mon/Wed/Fri)***

9am - 12pm: $295/mo
or
9am - 1pm: $390/mo
or
9am - 3pm: $550/mo

5 days ***(Mon-Fri)***

9am - 12pm: $375/mo
or
9am - 1pm: $495/mo
or
9am - 3pm: $700/mo

5 days ***(Mon-Fri) Combination Options***

9am - 12pm T/TH & 9am - 1pm M/W/F: $470/mo
9am - 12pm T/TH & 9am - 3pm M/W/F: $630/mo
9am - 12pm M/W/F & 9am - 1pm T/TH: $445/mo
9am - 12pm M/W/F & 9am - 3pm T/TH: $570/mo
9am - 1pm T/TH & 9am - 3pm M/W/F: $700/mo
9am - 1pm M/W/F & 9am - 3pm T/TH: $665/mo

Child's Name: _____

Each application must include a registration fee of $100.00, which is **non-refundable** unless the school does not have sufficient enrollment to hold a class. Additionally, an updated immunization record is **required** to complete enrollment.

A minimum two-week notice in writing is required for withdrawal. If a child unexpectedly withdraws, there is no refund or prorated fee for that month's tuition.

Siblings will receive a 10% discount on monthly tuition

Emergency Care Information and Medical Information

(to be completed by parents)

Child's Name: _____ Birth date: _____

Does your child have asthma or allergic to anything (including foods) : _ No _ Yes

If yes, please explain: _____

If your child has been diagnosed with Asthma or any allergies (including foods), please request an ACTION PLAN form. This plan is completed by you and will give us more information about your child.

EMERGENCY CARE INFORMATION:

Name of child's Doctor: _____ Office Phone: _____

Address: _____

Name of child's Dentist:_____ Office Phone: _____

Address: _____

Hospital Preference: _____ Phone:_____

Address: _____

Insurance Carrier: _____ Policy Number: _____

Authorization to Provide Emergency Care:

I agree that Winter Park Baptist Preschool may authorize the physician of their choice to provide emergency care in the event that neither I/we nor the family physician can be contacted immediately.

Parent Signature: _____ Date: _____

Winter Park Baptist Preschool agrees to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. Staff members of Winter Park Baptist Preschool will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Authorization for Release

I hereby authorize Winter Park Baptist Preschool staff to release my child to the following persons (in addition to parents or guardians) in the event I am unable to call for my child:

I agree to notify the center in writing of any changes in this authorization.

I understand that ALL persons other than a parent (or legal guardian) will be required to produce a Photo ID such as Driver's License AND a dated written note of permission from the parent/guardian stating the name of the person who may pick up their child for that day.

NAME	Cell #	Relationship to child
1.		
2.		
3.		
4.		

Child's Medical History:

Is your child currently under a doctor's care? _ Yes _ No
If yes, please explain the reason:
_____

Is your child on any continuous medications? _ Yes _ No
If yes, please list and for what reason:
_____

Has your child had any previous hospitalizations or operations? _ Yes _ No
If yes, please explain when and for what:
_____

Does your child have any history of significant previous diseases or recurrent illnesses? _ Yes _ No
Diabetes _ Yes _ No Convulsions _ Yes _ No Heart Trouble _ Yes _ No

For any yes answers, please explain What/When:
_____
_____

Does your child have any physical or mental disabilities? _ Yes _ No
If yes, please describe:
_____

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____
_____

Signature of Parent or Guardian: _____ Date: _____

Acknowledgement of Information Received

(this information is found on our website)

I/We acknowledge that we have read and received the following information from Winter Park Baptist Preschool: (please check each item you received)

_ The current school year's Parent Handbook contains the operating policies and procedures along with a curriculum overview. It also includes a copy of the Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy as well as the Smoke Free and Tobacco Free Campus policy.

_ The Discipline & Behavior Management policy and procedures of Preschool. The administration has discussed this Discipline & Behavior Management policy with me.

_ I have received a copy of the summary of the North Carolina licensing laws concerning child care.

Parent/Guardian Signature: _____Date: _____

General Photo/Video Release Form

I hereby grant Winter Park Baptist Church Preschool and its governing body, Winter Park Baptist Church, permission to take and use my child's photograph/likeness in connection with school activities, field trips and projects, for use in school displays, portfolios, publications and web site posts related to the preschool, without payment or any other consideration in perpetuity. These photographs are used for internal communication and projects, promoting the preschool and as shared content amongst preschool families. I have read and understood the above.

Parent Signature: _____Date: _____

Travel Authorization

I agree to allow my child to participate in field trips with Winter Park Baptist Preschool, provided that advance notice is given to me in writing at least one week prior to a trip away from the preschool's property. I understand that Winter Park Baptist Preschool's policies and procedures concerning Field Trips will be followed during these events. This includes using the approved child restraint devices and abiding by all the safety rules in Rule .1000 when my child is transported in a vehicle.

I give my permission for my child to be transported by Winter Park Baptist Preschool and to participate in its planned activities outside of the fenced area of the facility (a walk to observe the wonders of nature, for example). I understand my child will be highly supervised at all times. This includes but is not limited to transportation during an emergency or when an evacuation is necessary.

Parent Signature: _____Date: _____

NC Division of Child Development and Early Education

Off Premise Activity Permission

Parent and Child Information	
Parent Name:	Phone:
Child Name:	
Emergency Contact:	Phone:
Authorized Destination and Departure and Return Times	
Location: *Children's Center and Gym*	*9am-3pm*
Date Permission is Valid: *9/1/26-8/30/27*	
Parent Signature:	Date:

Children's Physical Examination

This examination must be completed by a licensed physician, his authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable Board from bordering states), a certified nurse practitioner, or a public Health nurse meeting DEHNR standards for EPSDT program.

Name of Child: _____ Birth date: _____

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

_____

Height _____% Weight _____%

Head_____ Eyes _____ Ears _____ Nose _____ Teeth _____

Throat _____ Neck _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Hearing _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed: _____

_____

Should activities be limited? No _____ Yes _____ If Yes, please explain: _____

_____

Any other recommendations? _____

Date of Examination: _____

Signature of authorized Examiner/ Title: _____

Office Address: _____

Phone: _____ Date: _____

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account **(Section A)** OR, initiate debit entries to my (our) checking or savings account, indicated below **(Section B).** To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) (2.7% fee will be added to charge)

_____ _____
Cardholder Name Phone #

_____ _____
Cardholder Address City State Zip

_____ _____
Account Number Expiration Date

_____ _____
Cardholder Signature Date

SECTION B (Bank Account) (no fee)

_____ _____
Your Name Phone #

_____ _____
Address City State Zip

_____ _____
Bank or Credit Union Name Bank or Credit Union Address City State Zip

_____ _____
Routing Transit Number (see sample below) Account Number (see sample below) _ Checking _ Savings

_____
Authorized Signature Date