

First Kids Preschool

Enrollment Application
2024-25 Academic Year

FOR OFFICE USE ONLY

Applicant: _____
Imm Exp Date: _____
Reg Fee: _____
Supply Fee: _____
Payment Plan: _____
Allergies: _____
Affiliation: _____



Love for Christ, service before self, and honor in all things.

First Kids Preschool 2024-25 Enrollment Application

Child's Full Name: _____ Preferred Name: _____ Birthdate: _____ Sex: _____

Parents' Relationship to each other: Married Divorced Separated Single

Child lives with (please check all that apply):
 Mother and Father Mother Father Other: _____

Does this child have siblings that have previously attended First Kids Preschool? Yes No

If yes, please name siblings here: _____

How did you hear about us? If referred by another First Kids family, please tell us who: _____

Circle tuition payment plan option (see page 6 for details): **Option A (1 pmt)** **Option B (2 pmts)** **Option C (9 pmts)**

If enrolling in the One-Year Old Class, please circle your choice of days from 1, 2, or 3 days:

Tuesdays

Wednesdays

Thursdays

Father's Information:				
Name: _____		Occupation/Employer: _____		
Home Address: _____	Street _____	City _____	State _____	Zip _____
Cell Phone: _____	Home Phone: _____		Work Phone: _____	

Mother's Information:				
Name: _____		Occupation/Employer: _____		
Home Address (if different from Father's): _____	City _____	State _____	Zip _____	
Cell Phone: _____	Home Phone: _____		Work Phone: _____	

Email Address for Billing/Announcements: _____	
Name of Person responsible for tuition payments: _____	
Family Religious Preference: _____	Church Membership: _____

First Kids Preschool Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the First Kids Preschool/First Baptist Staff to take my child to an Emergency Room, or to the following physician for medical care.

Physician's Name:

Phone:

Address:

City/State:

Hospital:

Insurance Information:

Name of Policy Holder:

Employer:

Insurance Company Name:

Policy Number:

List any local person who would be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name:

Relationship to Child:

Home/Cell/Work Phone:

Name:

Relationship to Child:

Home/Cell/Work Phone:

Name:

Relationship to Child:

Home/Cell/Work Phone:

First Kids Preschool Health Information

A current Kentucky immunization Certificate, with an expiration date, must accompany this application, or be on file with First Kids, in order for enrollment to be processed.

Child's Name:

Birthdate:

Is your child free from communicable disease? _____ Yes _____ No

Is your child able to participate in group activities? _____ Yes _____ No

Does your child have any known food allergies? _____ Yes _____ No

If yes, please explain:

Does your child have any medical conditions or allergies? _____ Yes _____ No

If yes, please explain:

Does your child have any medical or mental handicaps? _____ Yes _____ No

If yes, please explain:

Is your child potty trained? _____ Yes _____ No

Does your child wear: _____ Diapers _____ Pull-Ups _____ Underwear

Does your child take any medications on a regular basis? _____ Yes _____ No

If yes, please explain:

Any other remarks regarding physical conditions or suggestions for the care of your child:

First Kids Preschool Pick Up Information

Child's Name:

Please list anyone (including parents) that have permission to pick your child up from school.

Name: Relationship to Child: Phone Number:

Name: Relationship to Child: Phone Number:

Name: Relationship to Child: Phone Number:

Name: Relationship to Child: Phone Number:

Name: Relationship to Child: Phone Number:

Name: Relationship to Child: Phone Number:

If a parent does not have permission to pick up, a Custodial Statement must be on file.

Special comments or concerns: _____

I have read and understand all policies and guidelines contained in this enrollment packet *AND* the "Parent Handbook." By signing below, I agree to abide by all guidelines. (BOTH parents must sign.)

Name:

Date:

Name:

Date:

First Kids Preschool

First Baptist Church - 307 Center Street - Henderson, KY 42420

Phone: 270-826-2332 - Fax: 270-826-9415

Preschool Schedule:

Preschool Hours: Tuesday, Wednesday, Thursday 9:00am - 12:00pm

Early Room (For 2s - PK5 only): Tuesday, Wednesday, Thursday 7:50am - 8:50am

Early Room can be used everyday, or on an as-needed basis. The charge for Early Room is an additional \$5 per day. If tuition is paid in yearly or semester payments, Early Room may be used free of charge.

Students that are one by Aug. 1, 2024 may enroll in the One-year old class 1, 2, or 3 days/week

Students must be at least two years old by August 1, 2024 to enroll in our Two's - Pre-K classes

Tuition and Fees:

If enrolling more than one child, there is a 15% younger sibling discount

1 Year Old Tuition:

1 day/wk-\$564 per year*

2 days/wk-\$1128 per year*

3 days/wk-\$1692 per year*

Applies to **one-year-old** class with choice of 1, 2, or 3 days/week

Payment Option A - Yearly:

Full year's tuition payment due by August 10, 2024

Payment Option B - By Semester:

1/2 of total tuition due by August 10, 2024 **and** balance due by January 10, 2025

Payment Option C - 9 Monthly Installments:

(for 3 day/wk only) \$188.00/month - First payment due by August 10 and then by the tenth of each month, September through April

Please note: Early Room is not available for One-year-olds

2's & 3's Tuition:

\$1692 per school year*

Applies to **two and three-year old** classes

Payment Option A - Yearly:**

\$1692 due by August 10, 2024

Payment Option B - By Semester:**

\$846 due by August 10, 2024 **and** \$846 due by January 10, 2025

Payment Option C - 9 Monthly Installments:

\$188/month - First payment due by August 10 and then by the tenth of each month, September through April

Pre-K Tuition:

\$1872 per school year*

Applies to **PreK-4 and PreK-5** classes

Payment Option A - Yearly:**

\$1872 due by August 10, 2024

Payment Option B - By Semester:**

\$936 due by August 10, 2024 **and** \$936 due by January 10, 2025

Payment Option C - 9 Monthly Installments:

\$208/month - First payment due by August 10 and then by the tenth of each month, September through April

***ADDITIONAL FEES not included in tuition:**

Registration Fee - \$50 - Non-refundable and due with enrollment application

Supply Fee - \$120 - Non-refundable and due by July 10, 2024 (*One year old supply fees are \$60, \$90 or \$120*)

Early Room Charge - \$5.00/day - Billed monthly, unless tuition is paid by semester or year

****Tuition payment options A or B (from above) will be exempt from any Early Room charges.**

Option C will pay \$5/day for Early Room. (*Early Room is not available for one-year-old students*)