



# Southport Baptist Weekday Preschool Application for the 2012 – 2013 School Year

200 N Howe Street – PO Box 10009 (mailing address)

Southport, NC 28461 (910) 457-6816

southportbaptist.org

preschool@southportbaptist.org

Hours: 8:30 am – 12:00 pm Monday – Friday

## GENERAL INFORMATION

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Child's Class: (please choose one) 2 year old – 3 year old – 4 year old

Religious Affiliation: \_\_\_\_\_

Church Attending: \_\_\_\_\_

## FAMILY INFORMATION

Father's Name: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## EMERGENCY INFORMATION

Please give us the name, address, and phone number of a person who could assume responsibility for your child if the school is unable to contact you. We will try to contact the parents first. Please be VERY accurate with this information.

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**I give permission to Southport Baptist Church Weekday Preschool to meet the needs of my child, \_\_\_\_\_ in the case of an emergency.**

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

## AUTHORIZATION TO PICK UP

The following adults have parental authorization to pick up \_\_\_\_\_ (child) from the SBWP:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## TUITION INFORMATION

Registration Fee

**\$165.00 Non-refundable**

Choose from the following options:

(Classes for children 20 months through four years on or before August 31)

\_\_\_\_\_ 4 Year Old Class  
(5 Days a Week)  
(Child must be 4 years old by Aug. 31, 2012)

\_\_\_\_\_ 3 Year Old Class  
(5 Days a Week)

\_\_\_\_\_ 2 Year Old Class  
(5 Days a Week)

\_\_\_\_\_ 3 Year Old Class  
(3 Days a Week)

\_\_\_\_\_ 2 Year Old Class  
(3 Days a Week)

\_\_\_\_\_ 3 Year Old Class  
(2 Days a Week)

\_\_\_\_\_ 2 Year Old Class  
(2 Days a Week)

## PAYMENT PLANS

### Option I

#### 9 Monthly Payments

Full-time (5 Days)	\$190.00 Due on the 1 <sup>st</sup> of each month
Part-time (3 Days)	\$150.00 Due on the 1 <sup>st</sup> of each month
Part-time (2 days)	\$115.00 Due on the 1 <sup>st</sup> of each month

### Option II

#### 1 Payment (5% discount)

\$1,624.50 Due August 15
\$1,282.50 Due August 15
\$983.25 Due August 15

## GENERAL INFORMATION AND FINANCIAL AGREEMENTS

1. I give permission to Southport Baptist Weekday Preschool to meet the needs of my child in the case of an emergency.
2. I understand and agree that I am to pay tuition by the 1<sup>st</sup> of each month and that a \$5.00 late fee will be charged for tuition not received by the 10<sup>th</sup> of the month.
3. I will pay the non-refundable \$165.00 registration fee at time of registration.
4. I will provide all medical forms and immunizations records. A physical examination is strongly recommended.
5. I have read and understand all information and payment policies of the Southport Baptist Weekday Preschool and will abide by them.

Signature \_\_\_\_\_ Date \_\_\_\_\_