



## **KINDERGARTEN & PRESCHOOL**

# **Enrollment Packet 2024-2025**

**Please use the following checklist to complete enrollment for the 2024-2025 school year.**

- Complete one application packet per child.**
- Bring forms with enrollment fee to Preschool Ministry Office.**  
(Enrollment Fee Reserves Your Child's Placement)

**Please include:**

- Enrollment fee.
- A copy of child's current immunization record.  
(Required annually)
- A copy of child's birth certificate.

- Pay Book & Supply Fee and September Tuition Due By August 5, 2024.**

Tuition payments are made one month in advance.

***Meet the Teacher-TUESDAY September 3 by 8:30am-6:30 pm  
by appointment***

***First Day of Class-Wednesday, September 4, 2024 at 8:30 am***

J.O.Y. Preschool & Kindergarten  
A Ministry of First Baptist Church Since 1988  
940 West Oak Street  
Skiatook, OK 74070  
918-396-7859  
[www.fbcskiatook.com](http://www.fbcskiatook.com), [joy-fbcskiatook.com](http://joy-fbcskiatook.com)

J.O.Y. Preschool and Kindergarten, a ministry of First Baptist Church since 1988,  
exists for the purpose of partnering with parents to provide a  
Christ-centered spiritual and academic foundation.

# J.O.Y. Preschool & Kindergarten

## 2024-2025 School Fee Schedule

### Enrollment Fee

Due at Time of Enrollment  
Before July 1-\$100  
After July 1-\$150

### Book and Supply Fee

Book and supply fee must be paid by **August 5, 2024**  
Books and Supply fee covers: All curriculum, classroom material, snack fee and school t-shirt .

#### Ones, Twos, K3 and Kinder Prep Program

\$130

#### Kindergarten Program

\$205

### Tuition

#### Ones, Twos, K3 and Kinder Prep Program

2 Day-Tuesday & Thursday, 8:30-1:30

\$175 a month

3 Day-Tuesday, Wednesday, Thursday, 8:30-1:30

\$225 a month

#### Kindergarten Program

4 Day- *Monday, Tuesday, Wednesday, Thursday* 8:30-2:00

\$305 a month

**Family discount** = A 10% discount is given for the entire school year tuition paid in full by **August 5, 2024**. Families with more than one child enrolled will pay full tuition for the first child and receive a 10% discount for each child thereafter. Only one discount applies per family. Enrollment, book & supply fees are not eligible for discounts.

### PLEASE NOTE

#### **Tuition is payable in 9 month payments beginning August 5th and ending April 5<sup>th</sup>.**

Your child's placement will not be guaranteed if your first tuition payment is not made by **August 5, 2024**.

**NO EXCEPTIONS.** All subsequent payments will be made by the 5th of the month. Payments not received by 3:00 pm on the 5th of each month will be charged a **\$15 late fee**. Accounts 30 days past due will be subject to withdrawal. All returned checks will be charged a **\$30 fee**.

**NOTE:** All fees subject to change and are **NON-REFUNDABLE** except where students are not accepted by the school due to classes being filled, failure to meet entrance standards, or parents who move out of the Skiatook area. For these cases fees will be refunded according to the following schedule:

If written notice is received within:	30 days prior to school opening 100%
	20 days prior to school opening 50%
	Fewer than 20 days prior to school opening 0%

# J.O.Y. Preschool and Kindergarten

## Enrollment Application

### 2024-2025

PLEASE PRINT

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Zip

Age: \_\_\_\_\_ Gender: M F Student's SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Ethnicity: American Indian Caucasian African American Asian Hispanic Other: \_\_\_\_\_

**Circle Program Applying for** (Must be appropriate age by September 1, 2024)

- One year:** 2 day (T/TH) 3 day (TWT)  
**2 year old:** 2 day (T/TH) 3 day (TWT) **K3:** 2 day (T/TH) 3 day (TWT)  
**Kinder Prep:** 2 day (T/TH) 3 day (TWT) **Kindergarten:** 4 day (MTWT)

**Full Name of Father/Guardian:** \_\_\_\_\_

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

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Full Name of Mother/Guardian:** \_\_\_\_\_

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

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Other Children in Family:**

\_\_\_\_\_  
Name and Age                      Name and Age

\_\_\_\_\_  
Name and Age                      Name and Age

- Please check all that apply:**  
 Child lives with both parents     Parents are separated     Parents are divorced     Father is deceased  
 Mother is deceased     Child lives w/Mother     Child lives w/Father     Father has custody  
 Mother has custody     Grandparents have custody  
 Custody arrangements have been court adjudicated.  
 Joint custody of child is held between \_\_\_\_\_ and \_\_\_\_\_

**Person responsible for payment of tuition and fees:**

\_\_\_\_\_  
Name                      Address                      Phone

**Church presently attending:** \_\_\_\_\_

Has child been suspended or expelled from any other daycare/preschool /school for any reason?  
Yes/No If yes, explain \_\_\_\_\_

Has child been recommended for any special testing of services, whether or not the recommendation was followed.  
Yes/No if yes, explain. \_\_\_\_\_

Has child demonstrated negative social behavior (i.e. disrespect, fighting, and name calling)?  
Yes/No If yes, explain. \_\_\_\_\_

Is there any other information regarding your child we should know?  
\_\_\_\_\_

J. O.Y. was recommended by:  
\_\_\_\_\_

Why did you choose J.O.Y.?  
\_\_\_\_\_

What do you believe needs the most improvement in your child's development?  
Socially?  
\_\_\_\_\_

Academically?  
\_\_\_\_\_

Spiritually?  
\_\_\_\_\_

**Notice of Nondiscriminatory Policy as to Students**

J.O.Y. Preschool & kindergarten admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, nationality and/or ethnic origin in administration of its educational or admissions policies, financing program or other school-administrated programs.

I affirm that all the information contained in this application is true and accurate to the best of my knowledge. I understand providing false information or omission of pertinent information could be reason for rejection of the application or dismissal of my child from J.O.Y. Preschool & Kindergarten. I also understand I may be asked to provide additional written information.

Father/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# J.O.Y. Preschool & Kindergarten Medical and Liability Release

2024-2025

**Please Use Black Ink**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Child's Doctor \_\_\_\_\_  
Name Address Phone

Hospital \_\_\_\_\_  
Name of Hospital Address Phone

Child's Dentist \_\_\_\_\_  
Name Address Phone

Child's Overall Health: Excellent Fair Poor Weight \_\_\_\_\_ Height \_\_\_\_\_

Any Physical disabilities? Yes/No If YES, please explain: \_\_\_\_\_

Date of Last Physical Examination \_\_\_\_\_

Please list any health problems (diabetes, asthma, etc.) \_\_\_\_\_

Please list any food related allergies (including severity and treatment) \_\_\_\_\_

Please list any medications your child takes regularly (including those not taken at school) \_\_\_\_\_  
(If your child is on medication at any time during the school year you MUST FILL OUT a Request to Dispense Medication form in Director's Office.)

Please list any serious previous illness \_\_\_\_\_

Has your child had Chicken Pox? Yes/No Date: \_\_\_\_\_

**Please indicate persons to be contacted in case of an emergency**

Name of Parent or Guardian \_\_\_\_\_ Emergency Phone and Cell \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Emergency Phone and Cell \_\_\_\_\_

Name \_\_\_\_\_ Emergency Phone and Cell \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Emergency Phone and Cell \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Insurance Information**

Do you have health insurance which covers your child? Yes/No Please include a front/back copy of insurance card.

Name of Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name insurance is carried under \_\_\_\_\_

**Parental or Guardian Medical/Liability Release Statement**

The above stated minor has permission to participate in and travel with J.O.Y. Preschool & Kindergarten, First Baptist Church Skiatook, OK or attend activities from **September 1, 2024-May 15, 2025**. While I understand that J.O.Y. Preschool & Kindergarten will take reasonable steps to provide care and safety to minor, I am aware that the J.O.Y. Preschool & Kindergarten or their employees or agents cannot and shall not assume any responsibility for any injury, damage, or harm which might result during the course of any activity during functions so sponsored or attended by this minor. In consideration of permitting their minor to participate, I agree that full responsibility shall remain with me as a parent or guardian of this minor. Should any claim be asserted by any person as the result of the acts of this minor while participating in the course of activities sponsored or provided by J.O.Y. Preschool & Kindergarten, or traveling to or from such activity, or should minor or any party assert any claim against J.O.Y. Preschool & Kindergarten, First Baptist Church, Skiatook, OK or its employees or agents, I agree to indemnify and hold J.O.Y. Preschool & Kindergarten and First Baptist Church, Skiatook, OK harmless from actions brought against them and including attorney fees and cost incurred by J.O.Y. Preschool & Kindergarten and First Baptist Church Skiatook, OK in defense thereof. I further authorize medical treatment of minor in the event of illness or injury sustained in my absence while minor participates in the course of activities provided or sponsored by J.O.Y. Preschool & Kindergarten and First Baptist Church Skiatook, OK.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

# Photograph Release

I hereby consent to the photographing of my child and the recording of his/her voice and use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and/or authorization by J.O.Y. Preschool & Kindergarten and First Baptist Church, Skiatook OK to reproduce and use said photographs and recordings of my child's voice, for use in all domestic and foreign markets. Further, I understand that others, with or without the consent of J.O.Y. Preschool & Kindergarten and First Baptist Church Skiatook, OK may use and/or reproduce such photographs and recordings.

I hereby release J.O.Y. Preschool & Kindergarten and First Baptist Church Skiatook, OK and any of its staff, employees, associated or affiliated companies, their directors, officers, agents, employees and customers, appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

\_\_\_\_\_ **Yes, I consent**      \_\_\_\_\_ **NO, I DO NOT CONSENT**

\_\_\_ **Yes, I do allow use of my child's photograph for classroom art projects, posted on J.O.Y.'s CLOSED GROUP Facebook page, and to be displayed at J.O.Y. Preschool & Kindergarten and First Baptist Church Skiatook, OK**

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

## Authorization for Child Pick-Up

The persons listed below have permission to pick up:

Child's Name

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle

**Name:** \_\_\_\_\_ **Driver's License Number :** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent /Guardian \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**We reserve the right to request identification from anyone who picks up a child at J.O.Y. Preschool & Kindergarten**

# J.O.Y. Preschool & Kindergarten

*A Ministry of First Baptist Church Since 1988*

## School Supply List

### Ones

Each day they will need their own backpack bag supplied with a change of clothes. Diapers, baby wipes, food, formula may be brought in bulk in left in classroom.

Non-Spill Sippy Cup  
2-Roll paper towels  
2-Clorox Wipes  
2-Baby Wipes

*Rest mat and blanket provided by JOY.*

### Twos

Each day they will need their backpack supplied with a complete change of clothes (socks, shoes, underclothes, pants, shirt)

Non-Spill Sippy Cup  
2-Roll Paper Towels  
2-Clorox Wipes  
2-Baby Wipes  
1-4 pack playdough

*Rest mat and blanket provided by JOY.*

### K3 and Kinder Prep

Each day they will need their back pack supplied with a complete change of clothes (socks, shoes, underclothes, pants, shirt)

2-Roll Paper Towels  
2-Baby Wipes  
2-Clorox Wipes  
1-4 pack playdough  
1-non spill cup

### Kindergarten

Each day they will need their back pack supplied with a complete change of clothes (socks, shoes, underclothes, pants, shirt)

2-Roll Paper Towels  
2-Clorex Wipes  
2-Pkgs. Baby Wipes  
1-4 pack playdough  
1-non spill cup

### Bring supplies to Meet the Teacher

Meet the Teacher  
Tuesday, September 3  
8:30 am -6 pm by appointment

First Day of Class  
Wednesday, September 4  
8:30-1:30

918-396-1565, Ext 109 or 918-396-7859  
sjordan@fbcskiatook.com  
www.fbcskiatook.com  
Joy-fbcskiatook.com