

Springfield Baptist Preschool
400 North Main St.
Springfield, TN 37172
2024-2025

Date: _____

Child's Name: _____

Nickname: _____

Age of Child: _____

Birthday: _____

Sex: F M

Email: mother-_____ father-_____

Child's Home Address: _____

Street Address/P.O. Box/Apartment Number

City/State/Zip Code

Telephone: (____) _____

Mother's Name: _____

Employer: _____

Home Address: _____

Telephone Numbers:

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Father's Name: _____

Employer: _____

Home Address: _____

Telephone Numbers:

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Religious Affiliation

What church do you attend? _____

Do you attend: Regularly _____ Occasionally _____ Seldom _____

Family

Give names and ages of your child's siblings:

Parent's Marital Status: Married Separated Divorced Widowed (Circle one)

If parents are separated, who has custody of the child? _____

A copy of the most recently issued Court Order providing custody status must be on file with the school.

List persons approved to call for child (Child will not be released to others without specific permission from parents.): _____

Other people authorized to pick up your child:

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Medical

Name of Child's Physician: _____

Physician's telephone number: (____) _____

Health Information (Please attach a separate sheet if necessary)

1) Regular medication(s) and reasons for (please list): _____

2) Allergies/Reactions and treatment (please list): _____

3) Any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc.)
(please list and describe):

Persons to be called in case of emergency if parents are unavailable:

Name: _____

Relationship: _____ Telephone: (____) _____

Name: _____

Relationship: _____ Telephone: (____) _____

Name: _____

Relationship: _____ Telephone: (____) _____

First Aid

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Signature/Date

Emergency Care

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature/Date

Health Record Transfer

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

Signature/Date

Should my child, _____, become ill or suffer an accident of any nature while in the care of Springfield Baptist Preschool, Springfield, TN, the Preschool Director shall undertake to contact me immediately. In the event she is unable to reach me immediately, she will attempt to reach one of the above listed persons. Should this be impossible, the Director shall be authorized to secure and consent to such medical attention, treatment, and services for my child if given by me in person. I agree to assume the responsibility for payment of all medical costs incurred and not covered by the insurance.

Date: _____ Parent(s) Signature: _____

Social Information

Is this your child's first separation from home? _____

Has your child had any kind of group experience? Describe: _____

Does your child make new friends easily? _____

Is your child toilet trained? _____

What special words does your child use to tell you he/she needs to urinate or have a bowel movement? _____

What time does your child get up in the morning? _____

What time does your child go to bed at night? _____

Is your child accustomed to taking an afternoon nap? _____ For how long? _____

Does your child have any special nap or bedtime routine? _____

What time does your child usually have: Breakfast _____ Lunch _____ Dinner _____

Is your child accustomed to having between meal time snacks? _____

Does your child need any help feeding himself/herself? _____

What fears does he/she have (such as animals, storms, etc.)? _____

How do you handle these fears? _____

Other comments and special instructions: _____

**Tuition
2024-2025**

Full Time: 6:30 a.m.- 6:00 p.m.

Part Time: 8:00 a.m.-11:00 a.m.

2's and 3's- Potty Trained

___ Full-time (5 times a week): \$155 weekly

___ Full-time (3 days a week M/W/F): \$120 weekly

___ Full-time (2 days a week Tu/Th): \$85 weekly

4's and 5's

___ Full-time: \$145 weekly

___ Academic Time (8:00-11:30): \$110

\$25 new student registration fee. Fee is non-refundable.

Supply Fee: \$100/student

* Supply Fee will be due by August 1. If student begins mid year- Supply Fee will be billed at the beginning of the first month of attendance.

- Tuition is due on Monday morning of each week. Tuition is the same amount every week unless stated otherwise. A \$5.00 late fee will be charged for each day that tuition is late.