



**Bartlesville First Baptist Church  
Preschool Ministry  
2025 Summer Program  
Wiggles and Giggles**

Our Summer Program (Wiggles and Giggles) is offered on Tuesdays and Thursdays from 9:15 – 2:45. WAG will meet the first three weeks of June (June 3, 5, 10, 12, 17, and 19). Enrollment is a first-come, first-served basis and we will only enroll the appropriate number of children into a class based on staffing. Every child will be enrolled BOTH days; no payment credits offered for absences during the month. Wiggles and Giggles is for kids ages 6 months thru kids entering kindergarten in the fall. Each week we will have a different theme with stories, crafts, music, snacks, playtime, movies, etc.

Cost for the entire summer program is \$150.00. To enroll for Wiggles and Giggles, please complete this form and return with a \$75 deposit (half tuition). The other half will be due on the first day of class, Tuesday, June 3. The child will not be considered "enrolled" until the \$75 deposit is received. Discounts are not available for summer program.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

PARENT'S NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_ Mom's Cell Phone: \_\_\_\_\_

Dad's Email: \_\_\_\_\_ Mom's Email: \_\_\_\_\_

In case of emergency, please notify (other than parent):

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY CARE RELEASE FORM (MUST BE NOTARIZED)**

**IF YOU WERE ENROLLED DURING FALL/SPRING SESSION, YOU DO NOT NEED TO COMPLETE THIS SECTION**

I understand that every precaution will be taken to assure my child's safety while attending BFBC Wiggles and Giggles program. However, in the event of an accident or sudden illness, I hereby authorize Dr. \_\_\_\_\_, or any physician, surgeon, or dentist on the medical staff of Jane Phillips Hospital, Bartlesville, Oklahoma to administer any emergency treatment, procedure or medication necessary or advisable when BFBC WAG personnel accompany \_\_\_\_\_ to the emergency room at Jane Phillips Hospital. I also authorize BFBC WAG personnel to secure the use of an ambulance, if necessary, for transporting my child to the hospital. I further agree to pay the hospital, doctors and ambulance service for all services rendered to the above named patient(s). I request that this authorization remain in effect for the summer session of 2025.

\_\_\_\_\_  
Signature of Parent (Sign in presence of notary)

Notary: \_\_\_\_\_

Washington County, State of Oklahoma

\_\_\_\_\_  
Date

My seal expires: \_\_\_\_\_

Notary number: \_\_\_\_\_

Enrollment fee paid:

Amount paid by cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_