Bartlesville First Baptist Preschool Ministry

KIDS KORNER PRESCHOOL

2024 – 2025 School Year Enrollment Form

KIDS DAY OUT

Kid's Korner Preschool (KKP) classes are designed for preschoolers **3** or **4** years old before September **1**st. KKP Classes are required to meet both days. Kids Day Out (KDO) classes are designed for preschoolers **6** mos – **2** yrs. KDO classes have the option of attending one or both days.

All classes meet on Tuesdays and Thursdays, 9:15 am – 2:45 pm. Preschoolers will be assigned to age-appropriate classes. Fall session begins August 20th.

A come-and-go open house will be held Thursday, August 15 from 10:00 a.m. – 11:00 a.m. in your child's room. This is a

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1 day per week (Tues or Thurs) \$ 90.00 month

2 days per week (Tues &Thurs) \$180 .00 month (August/May half)



| attend for the entire school year (August 2024– May 202 | classmates, and bring school supplies. We request your child 5). |
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| Child's First/Last Name Circle one: Kids Day OutTuesdayThursday Kids Korner Preschool Three-Year Old Four-ye | /Both |
| Child's First/Last Name | DOB: |
| Circle One: Kids Day OutTuesday Thursda Kids Korner Preschool Three-year old Four-ye | |
| Child's First/Last Name | DOB: |
| Circle one: Kids Day Out Tuesday Thursda Kids Korner Preschool Three-year old Four-ye | yBoth |
| Enrollment Fee: A non-refundable fee of \$40 for your familiate at the time this form is submitted which ensures and references. | ly's first child; \$25 for <i>each additional child from the same family</i> is eserves your child a place in their age-appropriate class. |
| Immunization Records: We are required to have a copy of this at the time of enrollment or at least prior to the first da | your child's most recent immunization record. Plan on submitting y of class. |
| • | olers with serious learning disabilities. It is important that we knower the acceptance of children with special needs on a case-by-case ur ability to meet the needs of some preschoolers. |
| Parent's Name: | |
| Address: | CityZip code: |
| Mom's cell number: | |
| Mom's email: | |
| | |
| Office Use Only: | |
| Check # Cash Amount: | |

Date Received: