



# FIRST BAPTIST CHURCH OF ST. CHARLES PRESCHOOL CENTER

136 Stoddert Avenue Waldorf, MD 20602

Phone: 301-374-6856 E-mail: [preschool@fbcstcharles.com](mailto:preschool@fbcstcharles.com)

Facebook: First Baptist Church of St Charles Preschool Director - Wendy Shumaker

## Classes Offered for 2020-2021 School Year:

## Monthly Tuition:

2 day- 2-year-old (Born between: Sept.1, 2017-Aug. 31, 2018)- <b>Thursday and Friday- 9:25am-12:30pm</b> , Class size is 6 children to 1 teacher. Child <b><u>DOES NOT</u></b> have to be potty trained, Parents Provide Pull-Ups/Wipes	<b>\$255.00</b>
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3 day-3-year-old (Born between: Sept.1, 2016-Oct. 31, 2017) <b>Monday-Wednesday- 9:25am -12:30pm</b> , Class size is 10 children to 1 teacher Child <b>MUST BE POTTY TRAINED</b> to start the class	<b>\$270.00</b>
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5 day- 3-year-old (Born between: Sept.1, 2016-Aug.31, 2017) Pre-K- 4-year-old (Born between: Sept.1, 2015-Aug.31, 2016) <b>Monday –Friday- 9:25am -12:30pm</b> , Class size is 10 children to 1 teacher for each class Child <b>MUST BE POTTY TRAINED</b> to start the class	<b>\$310.00</b>
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Extended Day 3-Yr. Old (Born between: Sept.1, 2016-Aug.31, 2017) Extended Day Pre-K (Born between Sept.1, 2015-Aug. 31, 2016) <b>Monday –Friday- 9:25am -3:00pm</b> Class size is 10 children to 1 teacher for each class Child <b>MUST BE POTTY TRAINED</b> to start the class	<b>\$530.00</b>
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<b>Before &amp; After Care (6:45-9:25am/3-5:45pm) for 2020-21 school year.</b> (For Extended day classes)	<b>\$315.00</b>
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<b>Before Care (6:45-9:25am) for 2020-2021 school year.</b> (Open to all students)	<b>\$190.00</b>
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<b>After Care (3pm-5:45pm) for 2020-2021 school year.</b> (For Extended day classes)	<b>\$190.00</b>
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\*\*(Please see director for more specific details on before and/or after care)

**\$75.00 Non- Refundable Registration Fee due at time of Enrollment**

**One month’s advance tuition due by June 1, 2020.**

**This non – refundable payment will be credited to May 2021 tuition.**

**Forms of payment:** Cash, Checks or Money Orders

**Make Checks out to:** FBCSC Preschool

\*\*We offer small class sizes with floating aides to assist in classrooms as needed.

We are an EXCELS school with credentialed teachers.

# FIRST BAPTIST CHURCH OF ST. CHARLES PRESCHOOL CENTER

136 Stoddert Avenue, Waldorf, MD. 20602 (301) 374-6856



Half Day Classes: 2 Day \_\_\_\_\_ 3 yr./ 3 Day \_\_\_\_\_ 3 yr / 5 Day \_\_\_\_\_ Pre-K \_\_\_\_\_  
Extended Day Classes: 3 Yr. Old \_\_\_\_\_ Pre-K \_\_\_\_\_  
Before and After Care: \_\_\_\_\_ Before Care: \_\_\_\_\_ After Care: \_\_\_\_\_

## APPLICATION FOR ENROLLMENT (PLEASE PRINT)

Child's Name: \_\_\_\_\_ Name called: \_\_\_\_\_  
Last Name First Middle

Address: \_\_\_\_\_  
Street City/State Zip Code

Neighborhood or Subdivision: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Age: \_\_\_\_\_

(Parent \_\_\_\_\_ StepFather \_\_\_\_\_ Legal Guardian \_\_\_\_\_)

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

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

Father's Place of Employment: \_\_\_\_\_

Type of Work (in Preschool Language – Carpenter, Pilot, Etc.): \_\_\_\_\_

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

Name of Mother: \_\_\_\_\_ Age: \_\_\_\_\_

(Parent \_\_\_\_\_ Stepmother \_\_\_\_\_ Legal Guardian \_\_\_\_\_)

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

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

Mother's Place of Employment: \_\_\_\_\_

Type of Work (in Preschool Language – Teacher, Doctor, etc.): \_\_\_\_\_

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

\*\*\* (If custody is an issue, we must have a copy of custody papers to keep on file.) \*\*\*

**Is Child now staying with a Day Care Provider? \_\_\_\_\_ If so, how long has he/she been with current provider? \_\_\_\_\_**

**Day Care Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Previous Preschool/Center Experience: \_\_\_\_\_**

**Do both parents now live with child? \_\_\_\_\_**

**List all children/persons living in the home (Please include ages and relationship to child): \_\_\_\_\_**

\_\_\_\_\_  
(if additional space is needed use back of application)

**Family Pets and their names: \_\_\_\_\_**

**Is Your Child Toilet Trained? Yes \_\_\_\_\_ No \_\_\_\_\_ At what age? \_\_\_\_\_**

(Children must be completely toilet trained by the start of school. Exception is for the 2 day/ 2-year-old class.)

**Is there any reason (medical, etc.) why your child might need assistance? \_\_\_\_\_**

\_\_\_\_\_  
**List congenital conditions, unusual injuries, operations and traumatic experiences which the child has had.**

\_\_\_\_\_  
**List foods that your child is unable to eat (medical reasons, religion, etc.): \_\_\_\_\_**

\_\_\_\_\_  
**Does your child have any fears? \_\_\_\_\_**

**List any language other than English spoken in the home: \_\_\_\_\_**

**Does your child speak English fluently? \_\_\_\_\_**

**How does he/she behave when upset, angry or afraid?**

\_\_\_\_\_  
**What are the most important "do's and do not's" in your family for your child? \_\_\_\_\_**

\_\_\_\_\_  
**What type of discipline is used at home? \_\_\_\_\_**

Our program is inclusive of all children including those with special health care needs or disabilities to the best of our abilities. We will work with special service providers and families to meet the needs of your child. If your child has an IEP or IFSP, we request a copy.

**\*\*If your child needs to keep medication at school, has severe allergies, asthma or has seizures please ask for appropriate forms, as they will need to be completed by your doctor before the start of school.**

**Which of the following does your child now have or is inclined to have?**

- |  |  |
|--|--|
| <input type="checkbox"/> Speech difficulties   | <input type="checkbox"/> Hyperactivity                 |
| <input type="checkbox"/> Has been evaluated for speech <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Temper tantrums               |
| <input type="checkbox"/> Receiving speech services now <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Persistent crying             |
| <input type="checkbox"/> Hearing difficulties  | <input type="checkbox"/> Finger/Thumb sucking          |
| <input type="checkbox"/> Eye complaints/ Wears Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Nail biting                   |
| <input type="checkbox"/> Epilepsy attacks  | <input type="checkbox"/> Trouble going to the bathroom |
| <input type="checkbox"/> Earaches  | <input type="checkbox"/> Separation Anxiety            |
| <input type="checkbox"/> Hay fever   | <input type="checkbox"/> Other- (list below)           |
| <input type="checkbox"/> Asthma  | _____  |
| <input type="checkbox"/> Allergies (list below)  | _____  |

Does your child have an IEP/IFSP?  
If so, please provide a copy with this form

Please give us any other information which may help us work more effectively with your child. (such as special likes or dislikes, unusual habits, strong attachments to a toy or other objects, or medical problems.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religious Affiliation if any: \_\_\_\_\_  
Name of Church you attend: \_\_\_\_\_  
Does your child attend Sunday School? \_\_\_\_\_  
Would you like information about The Church @ St. Charles? \_\_\_\_\_

A \$75.00 non-refundable registration fee is to be submitted with this application.

I understand the one month's advance tuition is due by June 1, 2020.

This non – refundable payment will be credited to May 2021 tuition.

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