

**Belle Chasse Baptist Kindergarten**  
**Enrollment Application**

**Please submit:**

- Completed Enrollment Application
- Current Immunization Records
- Registration/Supply Fee

**Please Print**

**Student Information**

Student's Full Name: \_\_\_\_\_  
Child's Preferred Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age child will be 9/30/21 \_\_\_\_\_  
Person with whom child lives: \_\_\_\_\_

**Parent/Guardian Information 1**

Name: _____ Relationship to Child: _____
Address: _____
Employer: _____
Cell Phone: _____ Work Phone: _____
E-Mail: _____

**Parent/Guardian Information 2**

Name: _____ Relationship to Child: _____
Address: _____
Employer: _____
Cell Phone: _____ Work Phone: _____
E-Mail: _____

**Medical Information**

Individuals to contact in case of an emergency:

_____	Phone #: _____
_____	Phone #: _____
_____	Phone #: _____
_____	Phone #: _____

Child's Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist's Phone #: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| Does your child have any food allergies?       | Yes | No |
| Does your child have any other allergies?      | Yes | No |
| Does your child have any dietary restrictions? | Yes | No |
| Does your child have any special needs?        | Yes | No |
| Does your child have any health concerns?      | Yes | No |

Please explain any "yes" answer here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child has permission to be released to the following individuals, in addition to emergency contact persons listed above.

*(Please notify these individuals that they will be asked to show proof of identity).*

Name (First and Last)	Relationship & Phone #

I authorize Belle Chasse Baptist Kindergarten to secure medical treatment for my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Belle Chasse Baptist Preschool**  
**Programs for 2021-2022 School Year**

**2021-2022 Registration/Supply Fees**

Pre-K 2	\$185.00
Pre-K 3 & Pre-K 4	\$210.00

**Registration/Supply Fee is non-refundable, and is due at time of enrollment in order to secure a spot for child in our program.**

<b><u>2021-2022 Tuition</u></b>	<b><u>Monthly</u></b>	<b><u>Year</u></b>
Pre-K 2 (T, W, Th)	\$350.00	\$3,500.00
Pre-K 3 & 4 (M-F)	\$400.00	\$4,000.00

**School Hours: 8:30-2:30**

**Tuition is due on the 1<sup>st</sup> of each month, August 2021- May 2022.**

**\*Children eligible for these programs must be 2, 3, or 4 years of age by September 30, 2021.**

**\*Pre-K 3 & Pre-K 4 students must be fully potty trained.**