

# QSBC Weekday Ministries

## Enrollment Checklist

2026 - 2027

Please have the following items ready for each child at the time of enrollment. We will NOT enroll a child until all items listed are complete. Open enrollment will take place on **Tuesday, February 24<sup>th</sup>**. After this date, enrollment will only take place during school hours; Monday, Wednesday, and Friday, 9:30 am – 2:30 pm.

Please complete the following steps and initial each step when finished:

- 1) Completed enrollment packet. Initial here when complete: \_\_\_\_\_
- 2) Immunization record or a note from your child's primary care physician stating your child is healthy and does not get immunizations. Notes from chiropractors, nursing staff, etc. will not be accepted. Initial here when complete: \_\_\_\_\_
- 3) Completed Emergency Medical Consent Form. Initial here when complete: \_\_\_\_\_
- 4) \$100.00 non-refundable enrollment fee, **paid by check**. Cash will not be accepted. If your check is returned, your child's spot will be lost, and you will need to re-enroll. Initial here when complete: \_\_\_\_\_

I wish to enroll my child in:

Mother's Day Out (for children 8 weeks – 2 years old)	_____	M/W 9:30am – 2:30pm
Preschool* Half Day (Must be 3 by September 1 <sup>st</sup> )	_____	M/W 9:30am – 12:00pm
Preschool* Full Day (Must be 3 by September 1 <sup>st</sup> )	_____	M/W 9:30am – 2:30pm
Pre-Kindergarten* (Must be 4 by September 1 <sup>st</sup> )	_____	M/W/F 9:30am – 2:30pm

**\*All children entering Preschool or Pre-Kindergarten MUST be potty trained and able to manage bathroom needs independently.**

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

FOR OFFICE USE ONLY			
Enrollment Fee \$ _____	Check # _____	Date _____	Assigned class _____
	Time received _____	Placement _____	

Quail Springs Baptist Church  
Weekday Ministries  
2026 - 2027

**Non-Refundable Enrollment Fee \$100**

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**Please Complete**

Child's full name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Name child goes by: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Sex: M F

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Father's (or Guardian's) Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's (or Guardian's) Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you regularly attend a place of worship? \_\_\_\_\_

If yes, please tell us where: \_\_\_\_\_

Siblings also enrolled in this program (names and ages):

\_\_\_\_\_

Primary Language Spoken at Home \_\_\_\_\_

## Emergency Contact Information

Persons to contact (after parents) in case of emergency, and having permission to pick up child:

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Best number to be reached at: \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Best number to be reached at: \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Best number to be reached at: \_\_\_\_\_

## Health Information

Child's usual physician or clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Problems \_\_\_\_\_

Food Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Specify any physical disabilities or limitations in activities recommended and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all **prescribed** medication: \_\_\_\_\_

\_\_\_\_\_

## Tell Us About Your Child

Please answer fully: What is the best way to describe your child? What are their strengths? What upsets them? What motivates them? What ways would you like to see your child grow?

*\*\*This is for office use only. The information will be used to help place your child in the best fit class.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Photo Release

We are on social media! Our Facebook page (Facebook: Quail Springs Baptist Church Weekday) is used to share news, reminders, and information about our program. Please indicate if we may include your child on our Weekday social media **and sign** below.

Yes, I give permission Parent's Signature \_\_\_\_\_

No, I do not give permission

### Parent Handbook

All our policies and procedures regarding things such as illness regulations, tuition due dates and late fees, late pick-up fees, etc., are outlined in our QSBC Weekday Parent Handbook. Please read this carefully as it should answer many of your questions.

**I have received and READ a copy of the 2026-2027 Parent Handbook, and I agree to abide by the policies contained within.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

To accept this enrollment, we must have all necessary paperwork and the \$100.00 enrollment fee paid by check at the time of enrollment. **This enrollment fee is non-refundable.**

**EMERGENCY MEDICAL CONSENT FORM**

Quail Springs Baptist Church Weekday Ministries has my permission to obtain emergency medical treatment for my child, \_\_\_\_\_ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

**Mother/Guardian's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

**Father/Guardian's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

My insurance provider is \_\_\_\_\_

My insurance member/group number is \_\_\_\_\_

My insurance phone number is \_\_\_\_\_

My child is taking the following medications (over-the-counter and prescribed):  
\_\_\_\_\_

My child has the following allergies:  
\_\_\_\_\_

My child is up to date on all immunizations: Y or N. If no, please explain \_\_\_\_\_  
\_\_\_\_\_

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in childcare.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date