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 17th. 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 1st)	_____ M/W 9:30am – 12:00pm
Preschool* Full Day (Must be 3 by September 1st)	_____ M/W 9:30am – 2:30pm
Pre-Kindergarten* (Must be 4 by September 1st)	_____ M/W 9:30am – 2:30pm & 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 _____

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Class times:

Monday/Wednesday 9:30 a.m. to 2:30 p.m. (Friday - Pre-K ONLY 9:30-2:30).
Preschool Half Day (M/W) 9:30 a.m. to 12:00 p.m.

Non-Refundable Enrollment Fee $100

Please fill out completely

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 Approval

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

Faith and Family

The Weekday Ministries program is a ministry of Quail Springs Baptist Church. Therefore, every program is conducted in accordance with the church's convictions surrounding faith and family.

Faith

We affirm *The Baptist Faith and Message 2000* as an accurate confession of faith based on the Holy Bible. Because of this, all programs, curriculum, and teaching are aligned with these doctrines. It is imperative that all persons employed by the Church in any capacity or who serve as volunteers abide by our doctrinal beliefs and conduct themselves accordingly.

Family

The Holy Bible, our Statement of Faith, and *The Baptist Faith and Message 2000* express our fundamental biblical conviction that Christian marriage is the uniting of one man and one woman in a covenant commitment for life. This conviction guides how we teach, model, and conduct family-related aspects of our program.

Application

- All children are welcome in our programs.
- While we will care for every child and partner with every family, our teaching and activities will reflect our biblical convictions about faith and family.
- For this reason, certain events or participation opportunities may be limited to parents or guardians whose family arrangements are consistent with our stated beliefs.

Religious Liberty Disclaimer

This program is a ministry of Quail Springs Baptist Church and operates in accordance with the sincerely held religious beliefs of the church as expressed in its Bylaws, Statement of Faith, and the *Baptist Faith and Message 2000*. Nothing in this handbook shall be interpreted to require the church or its ministries to act in a manner inconsistent with these convictions.

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