Altoona Bible Church Preschool



3017 Union Avenue, Altoona, Pa. 16602 (814) 942-2131 www.altoonabible.org

abcpreschool@altoonabible.org

2024-2025 APPLICATION

In order to secure your child's enrollment for the coming school year, please complete all pages of this application and return it to Mrs. Vicki Baughman, Director, Altoona Bible Church Preschool at the address above. To be considered complete, all applications must be accompanied by a \$40.00 registration fee and proof of immunizations. This fee will help cover the cost of special events and school supplies for your child throughout the year.

Student will be register in: Pre-K 3 day Class Beginner-3 day Class **Beginner-2 day Class** Student registering in Pre-K must turn 3 in the month of September.

Parents Email:			
Child's Name:	Sex (circle one) : Male Female		
Address:	Date of Birth:		
	Home Phone:		
Father's name:	Employer:		
Address:	Work address:		
Home Phone:			
Cell Phone:			
Natharia			
Mother's name:			
Address:	Employer:		
	Work address:		
Home phone:			
Cell Phone:	Work phone:		
Emergency Contact (someone not	listed above) :		
Address:	Phone:		
	Relationship to child:		

Name	es and ages of other children in	n the family:		
Church affiliation (if any):				
Othe	persons designated by parent	t(s) to whom the child may be released at dismissal:		
	NAME	RELATIONSHIP TO CHILD		
1		·		
	r child has any special disabilit			
Pleas	e list any special medical or die	etary information (allergies, medications, etc.) :		
Is the	re any additional information	we should know about your child?		
• Cl	asses meet on Tuesday, Wednesday	rs and Thursdays from 9 a.m.—12:15 p.m		
Bo th ch	eginner 2 day classes. All tuition fees ne tenth (10th) of each new month. F	e-K & Beginner 3 day classes <i>or</i> \$60.00 per month for the optional sare paid on a monthly basis and are due between the first (1st) and Payment received after this time will be subject to a \$15.00 late asses to 3 day classes at the beginning of any month during the		
		by check /cash or money order payable to <i>Altoona Bible Church</i> . he school or mailed to the address on page one of this application.		
рі	•	nust be absent from school due to illness, family vacation or domestic e (more than two weeks), special arrangements must be made to		
ci th	rcumstances may occur which neces is event, it is the parents' responsibi	rollment for a full academic year, we recognize that special sitate the withdrawal of a child before the end of the school year. In ility to notify the school at least 30 days before the child is to be gh the end of the last week during which the child attends the school.		
IIIIIIII	111111111111111111111111111111111111111			
	signature below indicates that re willing to abide by the term	you have read and understand this application and that as thereof.		
Signa	ture of Parent (s):	Date:		

Parental Consent Agreement



MEDICAL CARE

	eschool are certified in Basic First Aid and CPR. First aid kits school, In case of a medical emergency, every effort will be contact person(s).			
	, give the Altoona Bible Church Preschool my consent to:			
(Parents name)				
 Provide emergency medical care for (student transportation to the nearest emergency) 	room if necessary.			
Agree to use parent's medical insurance first in case of an accident while in the custody of the Preschool.				
Child's Health Insurance Provider:				
etc. The staff will always be available to help y Parental consent is needed for staff members I, (Parent's name) close any fasteners contained on (student's name)	majority of preschoolers struggle with buttons, zippers, snaps, your child with any fasteners they cannot close on their own. to assist your child with these fasteners. , give the Altoona Bible Church Preschool my consent to's clothing. I understand that its, fastening belts, snapping body suits that fasten between			
their legs, pulling up tights, tucking in shirts, e	ct.			
Your signature below indicates that you have that you have that you are willing to abide by the terms the	read and understand this Parental Consent Agreement and reof.			
Signature of Parent(s):	Date:			

Photography Waiver 2024-2025

It is our desire to keep up with the new demand for technology and social media. ABC Preschool has a face book page as well as a web site www.altoonabible.org/preschool



We plan on having a camera ready every day in the class room for some candid shots and especially during special events. It is our desire to use some of these photos to help advertise the preschool program. Photos will be needed for crafts, special school projects, and programs during the school. We do want to be respectful of your privacy so please choose <u>one</u> of the following statements that best fits your desire.

I		give my C Preschool to be used by the
Signature:	Date:	
IPa photos of my child to be used outs Preschool advertising. I do give per crafts and special events within the	ermission to take and use pho	<u>Do NOT</u> want or the Internet for any ABC
Signature:		_ Date: