



Our Mission:

Chandler Preschool is an early childhood education program dedicated to providing a loving, caring and safe Christian environment for your child. Our teachers use a weekly theme-based curriculum based on Missouri Early Learning Standards. Our goal is to provide children with the opportunity to grow academically, as well as, develop spiritually, emotionally and socially. Chandler Preschool is a ministry of Chandler Baptist Church, a non-profit organization.

Program Information:

Full Day Option: Tuesday and Thursday 9 AM to 3 PM

Half Day Option: Tuesday and Thursday 9 AM to 12:00 PM

There are a limited number of Half Day spots

Pre-K 2 ½ Day: Tuesday and Thursday 9 AM to 3 PM & Wednesday 9 AM to 12:00 PM

There is no half day option for Pre-K

Parent's Day Out Preschool

Infants -- 3 months to 15 months Toddlers -- 15 months/walking to 23 months

2s/3s -- must be 2 by July 31 3s/4s -- must be 3 by July 31 & fully potty trained

Pre-K -- must be 4 by July 31

An enrollment fee/deposit of \$50 per family is due at the time of enrollment to secure your child's spot in the program. **Automatic Debit form and voided check MUST accompany your enrollment forms.** Enrollment fees are non-refundable.

All enrollment forms, including immunization records are needed before your child can attend. **We do not accept Immunization Exemption forms.**

Infant Tuition - \$240/month per child

Infant Half-Day Tuition - \$170/month per child

Monthly Tuition - \$210/month per child

Monthly Half-Day Tuition - \$150/month per child

Pre-K Tuition - \$250/month per child

Monthly payments are due on the 1st of each month. We collect tuition September 1st - May 1st. Classes run late-Aug through mid-May.

Please contact Chandler Baptist for more information at 816-781-2011 or contact our director, Karlan via email: karlan@chandlerbap.org or check out our website: www.chandlerbc.org

Mail or drop off all forms and enrollment fees to:

Chandler Baptist Church
Attn: Preschool
11401 NE State Route 33
Liberty, MO 64068

Child Enrollment 2024-25 School Year

Child's Name: _____ DOB: _____

Address: _____

Parent Information

Mother's Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

Email Address: _____

Employer: _____ Work Phone: _____

Work Address: _____ Work Hours: _____

Father's Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

Email Address: _____

Employer: _____ Work Phone: _____

Work Address: _____ Work Hours: _____

Emergency Contact Information (other than parents or doctors)

Contact #1 Name: _____

Relationship: _____ Phone: _____

Address: _____

Contact #2 Name: _____

Relationship: _____ Phone: _____

Address: _____

Authorized Adults (People other than parents to whom your child may be released)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Agreement

I have been informed of the required health and safety inspections and that the inspections forms are available for review. I understand and agree that my child may not be accepted for care when they are ill. I agree to abide by the program's guidelines.

Parent Signature: _____ Date: _____

Health History and Current Health Concerns

Please list any known allergies and special medical conditions, including any chronic health problems.

Please list any special medications and/or restrictions

Authorization for Emergency Medical Care

I understand that in the case of an accident or injury to my child, I will be notified immediately. If my child required emergency medical care, the physician and preferred hospital to use are as follows:

Doctor/Clinic: _____ Phone: _____

Hospital: _____ Phone: _____

I certify that my child is, to my knowledge, in good health and free of disabilities that would endanger them or other children in attendance.

Parent Signature: _____ Date: _____

Staff Use Only:

Enrollment Date _____

Exit Date _____

ACH Payment Authorization

2024-2025 School Year

I/we, hereby authorize Chandler Baptist Church to electronically debit my/our account (and if necessary, electronically credit the account to correct erroneous debits) as follows. I/we agree that ACH transactions I/we authorize comply with all applicable law.

Checking Account (please attach a voided check)

Savings Account

Bank (depository) Name: _____

Routing Number: _____

Account Number: _____

I/we, authorize monthly debits in the amount selected below for each of my/our children enrolled in Chandler Preschool. Debits will be processed on or about the 1st of each month (September 2024 through May 2025), or on the next business day.

(Please select all that apply)

\$240 monthly fee for one infant

\$170 monthly fee for one infant half-day

\$210 monthly fees for one enrolled child

\$420 monthly fees for two enrolled children

\$150 monthly fee for one enrolled child half-day

\$250 monthly fee for Pre-K

I/we authorize that this authorization will remain in full force and effect unless I/we notify Chandler Baptist Church in writing that I/we wish to revoke this authorization. I/we understand that Chandler Baptist Church requires at least seven business days' notice to process a cancellation.

Name(s): _____

Signature(s): _____

Date: _____