

KINDERGARTEN & PRESCHOOL

Enrollment Packet 2025-2026

Please use the following checklist to complete enrollment for the 2025-2026 school year.

 Complete one application packet per child. Bring forms with enrollment fee to Preschool Ministry Office.
(Enrollment Fee Reserves Your Child's Placement)
Please include:
Enrollment fee.
A copy of child's current immunization record.
(Required annually)
A copy of child's birth certificate.
Pav Book & Supply Fee and

September Tuition Due By August 5, 2025.

Tuition payments are made one month in advance.

Meet the Teacher-TUESDAY September 2 by 8:30am-6:30 pm

by appointment
First Day of Class-Wednesday, September 3,2025 at 8:30 am

J.O.Y. Preschool & Kindergarten

A Ministry of First Baptist Church Since 1988
940 West Oak Street
Skiatook, OK 74070
918-396-7859
www.fbcskiatook.com, joy-fbcskiatook.com

J.O.Y. Preschool and Kindergarten, a ministry of First Baptist Church since 1988, exists for the purpose of partnering with parents to provide a Christ-centered spiritual and academic foundation.

J.O.Y. Preschool & Kindergarten 2025-2026 School Fee Schedule

Enrollment Fee

Due at Time of Enrollment Before July 1-\$100 After July 1-\$150

Book and Supply Fee

Book and supply fee must be paid by August 5, 2025 Books and Supply fee covers: All curriculum, classroom material, snack fee and school t-shirt.

Ones, Twos, K3 and Kinder Prep (K4) Program \$130 Kindergarten Program \$205

Tuition

Ones, Twos, K3 and Kinder Prep (K4) Program

2 Day-Tuesday & Thursday, 8:30-1:30
\$180 a month
3 Day-Tuesday, Wednesday, Thursday, 8:30-1:30
\$230 a month

Kindergarten Program

4 Day- *Monday, Tuesday, Wednesday, Thursday* 8:30-2:00 \$310 a month

Family discount A 10% discount is given for the entire school year tuition paid in full by August 5, 2025. Families with more than one child enrolled will pay full tuition for the first child and receive a 10% discount for each child thereafter. Only one discount applies per family. Enrollment, book & supply fees are not eligible for discounts.

PLEASE NOTE

Tuition is payable in 9 month payments beginning August 5th and ending April 5th. Your child's placement will not be guaranteed if your first tuition payment is not made by August 5, 2025.

NO EXCEPTIONS. All subsequent payments will be made by the 5th of the month. Payments not received by 3:00 pm on the 5th of each month will be charged a \$15 late fee. Accounts 30 days past due will be subject to withdrawal. All returned checks will be charged a \$30 fee.

NOTE: All fees subject to change and are **NON-REFUNDABLE** except where students are not accepted by the school due to classes being filled, failure to meet entrance standards, or parents who move out of the Skiatook area. For these cases fees will be refunded according to the following schedule:

If written notice is received within:

30 days prior to school opening 100% 20 days prior to school opening 50%

Fewer than 20 days prior to school opening 0%

J.O.Y. Preschool and Kindergarten Enrollment Application 2025-2024

PLEASE PRINT

Student Name	Last	First) A. 1 11	Date of Birth:	
Address:	Last	First	Middle Zip	Home Phone:	:
Age:		Gender: M F	Student's SS#	-	-
Ethnicity:	American Indian	Caucasian Afric	can American Asi	an Hispanic Othe	er:
Circle Progra	am Applying for	(Must be appr	opriate age by	September 1, 20	<u>)25</u>)
One year: 2 d	lay (T/TH) 3 day ((TWT)			
2 year old: 2	day (T/TH) 3 day	(TWT)		K3: 2 day (T/T	TH) 3 day (TWT)
Kinder Prep:	2 day (T/TH) 3 d	lay (TWT)		Kindergarten:	4 day (MTWT)
Full Name	of Father/Gua	ırdian:			
Home Addres	s:			Phone:	
Father's Empl	oyer:			Phone:	
Business Add	ress:		Occupation:		
Email address	:		Cel	Phone:	
Full Name	of Mother/Gu	ardian:			
				Phone:	
Mother's Emp	oloyer:			Phone:	
Business Add	ress:		Oc	cupation:	
Email address	:		Cel	Phone:	
Other Childr	en in Family:				
Name and Age		Name and	d Age		
Name and Age		Name and	l Age		
Child lives Mother is c Mother has Custody arr	s custody angements have b	GrandpareGrandpare	nts have custody		Father is deceased Father has custody
Person respo	nsible for payme	nt of tuition and	fees:		
Name		Address			Phone
Church nrese	ently attending:				

Has child been suspended or expelled from any other days: Yes/No If yes, explain	are/preschool /school for any reason?
Has child been recommended for any special testing of ser Yes/No if yes, explain.	vices, whether or not the recommendation was followed.
Has child demonstrated negative social behavior (i.e. disre Yes/No If yes, explain.	
Is there any other information regarding your child we sho	uld know?
J. O.Y. was recommended by:	
Why did you choose J.O.Y.?	
What do you believe needs the most improvement in your	child's development?
Socially?	
Academically?	
Spiritually?	
Notice of Nondiscriminat	ory Policy as to Students
J.O.Y. Preschool & kindergarten admits students of any rad leges, programs, and activities generally afforded or made nate on the basis of race, color, nationality and/or ethnic or policies, financing program or other school-administrated program or other scho	ce, color, nationality and ethnic origin to all rights, priviavailable to students at the school. It does not discrimitigin in administration of its educational or admissions
I affirm that all the information contained in this application understand providing false information or omission of pert plication or dismissal of my child from J.O.Y. Preschool & vide additional written information.	inent information could be reason for rejection of the ap-
Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date

J.O.Y. Preschool & Kindergarten Medical and Liability Release 2025-2026

Please Use Black Ink

Child's Name	Date of Birth					
Last First	Middle					
Child's Doctor						
Name	Address	Phone				
HospitalName of Hospital						
	Address	Phone				
Child's DentistName						
	Address	Phone				
Child's Overall Health: Excellent Fair Poor	Weight	Height				
Any Physical disabilities? Yes/No If YES, please	se explain:					
Date of Last Physical Examination						
Please list any health problems (diabetes, asthma						
Please list any food related allergies (including s						
Please list any medications your child takes regu (If your child is on medication at any time during the schoo						
Please list any serious previous illness						
Has your child had Chicken Pox? Yes/No Date:	·					
Please indicate person	s to be contacted in case of an emergen	cy				
•	<u> </u>	•				
Name of Parent or Guardian	Emergency Phone and	l Cell				
Name of Parent of Guardian	E DI	10.11				
Name of Parent of Guardian	Emergency Phone and	i Celi				
Name	Emergency Phone and Cell	Relationship to Child				
Name	Emergency Phone and Cell	Relationship to Chile				
In	surance Information	•				
Do you have health insurance which covers your	child? Yes/No Please include a front/ba	ack copy of insurance card				
Name of CompanyAddress	Policy # Gr	oup #				
Address	P.	hone				
Name insurance is carried under Parental or Guardia	n Medical/Liability Release Statement					
The above stated minor has permission to participate i Skiatook, OK or attend activities from September 1, 2	n and travel with J.O.Y. Preschool & Kinderg	garten, First Baptist Church				
ten will take reasonable steps to provide care and safet						
employees or agents cannot and shall not assume any						
the course of any activity during functions so sponsore						
participate, I agree that full responsibility shall remain						
ed by any person as the result of the acts of this minor J.O.Y. Preschool & Kindergarten, or traveling to or from the control of the control						
J.O.Y. Preschool & Kindergarten, First Baptist Church						
J.O.Y. Preschool & Kindergarten and First Baptist Ch						
ing attorney fees and cost incurred by J.O.Y. Preschool						
of. I further authorize medical treatment of minor in t						
pates in the course of activities provided or sponsored	by J.O.Y. Preschool & Kindergarten and Firs	t Baptist Church Skiatook,				
OK.						
Signature of Parent/Guardian Date Si	gnature of Witness	Date				
Signature of Latelly Quartian Date Si	Silarare of Williess	Date				

Photograph Release

I hereby consent to the photographing of my child and the recording of his/her voice and use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and/or authorization by J.O.Y. Preschool & Kindergarten and First Baptist Church, Skiatook OK to reproduce and use said photographs and recordings of my child's voice, for use in all domestic and foreign markets. Further, I understand that others, with or without the consent of J.O.Y. Preschool & Kindergarten and First Baptist Church Skiatook, OK may use and/or reproduce such photographs and recordings.

I hereby release J.O.Y. Preschool & Kindergarten and First Baptist Church Skiatook, OK and any of its staff, employees, associated or affiliated companies, their directors, officers, agents, employees and customers, appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

Ye	es, I consent N	O, I DO NOT	CONSENT	
Yes, I do allow use o GROUP Facebook page, Skiatook, OK	f my child's photograph for classr and to be displayed at J.O.Y. Pre	oom art projects, pos school & Kindergarte	ted on J.O.Y.'s CL en and First Baptist	OSED Church
Child's Name:	Dat	e:		
Parent/Guardian Printed	l Name:			
Parent/Guardian Signatu	ire			
	41		TT.	
	Authorization for		_	
	The persons listed below have	; permission to pick	. up:	
Child's Name		E' 4		VC 111
Last Name:	Driver's License Number	First	Relationship:	Middle
· · · · · · · · · · · · · · · · · · ·			remeronsinp.	
Parent/Guardian				
Parent /Guardian				
Darant/Guardian	Da	ato:	Dhana	

We reserve the right to request identification from anyone who picks up a child at J.O.Y. Preschool & Kindergarten

J.O.Y. Preschool & Kindergarten

A Ministry of First Baptist Church Since 1988

School Supply List

Ones

Each day they will need their own backpack bag supplied with a change of clothes. Diapers, baby wipes, food, formula may be brought in bulk in left in classroom.

Non-Spill Sippy Cup

- 2-Roll paper towels
- 3-Clorox Wipes
- 3-Baby Wipes

Rest mat and blanket provided by JOY.

Twos

Each day they will need their backpack supplied with a complete change of clothes (socks, shoes, underclothes, pants, shirt)

Non-Spill Sippy Cup

- 2-Roll Paper Towels
- 3-Clorox Wipes
- 3-Baby Wipes
- 1-4 pack playdough

Rest mat and blanket provided by JOY.

K3 and Kinder Prep

Each day they will need their back pack supplied with a complete change of clothes (socks, shoes, underclothes, pants, shirt)

- 2-Roll Paper Towels
- 3-Baby Wipes
- 3-Clorox Wipes
- 1-4 pack playdough
- 1-non spill cup

Kindergarten

Each day they will need their back pack supplied with a complete change of clothes (socks, shoes, underclothes, pants, shirt)

- 2-Roll Paper Towels
- 3-Clorex Wipes
- 3-Pkgs. Baby Wipes
- 1-4 pack playdough
- 1-non spill cup

Bring supplies to Meet the Teacher

Meet the Teacher Tuesday, September 2 8:30 am -6 pm by appointment

First Day of Class Wednesday, September 3 8:30–1:30

918-396-1565, Ext 109 or 918-396-7859 sjordan@fbcskiatook.com www.fbcskiatook.com Joy-fbcskiatook.com