

Date of Admission: _____



First Baptist Midland Child Development Center 2026-2027 Registration

2104 W Louisiana Ave.

Midland, Texas 79701

Phone: 432.683.0638

Email: dwinston@fbc-midland.org

Director: Mary Schultz

Enrollment Information

*5% discount if paid in full by September 1, 2026

Preschool 3's

____ 5 Day Program (8:10-11:30)
\$475 monthly tuition
____ 5 Day Early Room (7:15-8:10)
\$75 monthly fee
____ 5 Day Extended Care (11:30-2:30)
\$200 monthly fee
____ 5 Day Extended Care (11:30-5:30)
\$350 monthly fee

Pre-K 4's

____ 5 Day Program (8:10-11:30)
\$475 monthly tuition
____ 5 Day Early Room (7:15-8:10)
\$75 monthly fee
____ 5 Day Extended Care (11:30-2:30)
\$200 monthly fee
____ 5 Day Extended Care (11:30-5:30)
\$350 monthly fee

Kindergarten

____ 5 Day Program (8:10-2:30)
\$600 monthly tuition
____ 5 Day Early Room (7:15-8:10)
\$75 monthly fee
____ 5 Day Extended Care (2:30-5:30)
\$200 monthly fee

* Your August and January Tuition statements will include a \$100 Curriculum Fee. This fee is required and non-refundable.

Student Information

Child's Full Name _____

Child's Preferred Name _____ Child's Ethnicity _____

Child's Date of Birth _____ Child's Gender _____

Child's Address _____

Father/Guardian's Information

Name _____

Address if Different from Child's _____

Mobile Phone # _____ Carrier (Ex: AT&T) _____

Work Phone # _____ Employer _____

Email Address _____

____ Please check here if this person is authorized to pick-up child.

Mother/Guardian's Information

Name _____

Address if Different from Child's _____

Mobile Phone # _____ Carrier (Ex: AT&T) _____

Work Phone # _____ Employer _____

Email Address _____

____ Please check here if this person is authorized to pick-up child.

Authorized Pick-Up Contact Information

*in addition to parents

Name _____

Relationship _____

Address _____

Phone Number _____

Name _____

Relationship _____

Address _____

Phone Number _____

Name _____

Relationship _____

Address _____

Phone Number _____

Authorization for Emergency Medical Attention

Name of Licensed Physician _____

Name of Hospital/Clinic _____

Address _____

Phone Number _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the aforementioned medical facility and hereby give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

Parent/Guardian Signature _____

Child's Special Care Needs

Check all that apply.

☐ Food allergies/intolerances (*Food Allergy Emergency Plan Must Be Submitted.)

☐ Environmental Allergies

☐ Existing illness

☐ Previous serious illness

☐ Injuries and hospitalizations in the past 12 months

☐ Limitations or restrictions on child's activities

☐ Reasonable accommodations or modifications

☐ Adaptive equipment (Include instructions below.)

☐ Symptoms or indications of complications

☐ Medications prescribed for continuous long-term use

Explain any need selected above.

Parent or Legal Guardian Signature

Date Signed

Church/Religious Affiliation

Please indicate which church you attend _____

I understand that the First Baptist Church of Midland Child Development Center does NOT discriminate due to race, religion, color or creed.

Signature _____

Authorization for Off Campus Field Trips

***Field trips for Pre-K 4 and Kindergarten classes only.**

Please **initial** one option in order to give consent for your child to be able to participate in off campus field trips.

_____ I hereby GIVE consent. **OR** _____ I hereby DO NOT GIVE consent.

Authorization for Transportation/Supervision

***Only for Pre-K 4 and Kindergarten Students**

Please **initial** one option in order to give First Baptist Child Development Center permission to transport and supervise your child off-campus in the event of a field trip.

_____ I hereby GIVE consent. **OR** _____ I hereby DO NOT GIVE consent.

Photo Release

Please **initial** one option. First Baptist Church of Midland Child Development Center displays photos of students, teachers and school activities throughout the year. These pictures will be displayed in the classrooms, hallway, office, and on our school's Facebook page and website.

_____ I hereby GIVE consent. **OR** _____ I hereby DO NOT GIVE consent.

Name/Address Release

Please **initial** one option to allow your child's name, address, and phone number to be released for student birthday invitations.

_____ I hereby GIVE consent. **OR** _____ I hereby DO NOT GIVE consent.

Non-Refundable Fees

Due to the time and careful process involved to enroll a new student, First Baptist Child Development Center requires a \$200 Registration Fee that is non-refundable for any reason. This is due with this application.

We also require a Security Fee (\$235 for enrollees in our Three-year-old Preschool and Four-year-old Pre-K Programs; \$300 for our Kindergarten Program) that is only refundable if you give the CDC Office notification of withdrawal no less than 30 days before withdrawal. This amount is half of a month's tuition. This enables us to fill the vacancy in a timely manner. We understand that this is inconvenient; however, it is very time-intensive to replace an enrolled student mid-year or close to our school start date. We completely understand that plans change unexpectedly and we try to work with you as much as possible, but please note that this is a non-negotiable policy.

If you do not withdraw at any point during the school year, this security fee will be credited to your May tuition statement.

*There are no fees collected in order to be on a wait-list. Only when you agree to fill a vacancy will we assess these fees.

My signature indicates that I understand the Child Development Center's Policy regarding non-refundable fees due at registration. I agree to comply with these non-negotiable policies.

Parent/Guardian Signature _____

Date _____

**Discipline & Guidance Policy for
First Baptist Child Development Center**

Discipline must be:

- (1) Individualized and consistent for each child.
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief, supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps or toilet training;
- (3) Pinching, shaking or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting or yelling at a child;
- (7) Subjecting a child to harsh, abusive or profane language;
- (8) Placing a child in a locked or dark room, bathroom or closet with the door closed; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies that I have read and received a copy of the Discipline and Guidance Policy.

Student's Name: _____

Relationship to the registered student: _____

Printed Name: _____

Signature: _____

Detach and Keep for your Personal Records

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Texas Administrative Code, title 40, Chapters 746 and 747, Subchapter L, Discipline and Guidance

First Baptist Child Development Center

Health Statement

2026-2027 School Year

Student's Full Name: _____

Admission Requirement: One of the following options must be circled, and your signature required, before your child is admitted to our program. *Should you choose option 2, please note that we will still need a signature from your child's doctor before school begins.*

1. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

2. My child has been examined within the past year by a health care professional and is able to participate in the weekday program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

3. **Health Care Professional's Statement:** I have examined the above mentioned child within the past year and find that he/she is physically able to take part in the weekday program.

Health Care Professional's Signature: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____