# Memorial Baptist Early Learning Center 2024 - 2025 School Year

**Registration** Packet



Head of Schools: E. Jerry Riggs Early Learning Center Director: Heidi Bock 5701 Veterans Memorial Blvd. Metairie, LA 70003 ELC: 504.455.7635 www.mbsmetairie.org

#### Our Mission

Over the past 40+ years Memorial Baptist ELC has dedicated itself to providing children with a quality education from a Christian perspective.

Our mission is to see that your child grows in spiritual, intellectual, emotional, social, and physical maturity. You can trust that Memorial Baptist Early Learning Center will provide your child with the solid foundation needed for their complete development in a loving and nurturing environment.

#### Early Learning Center School Day

Morning Drop Off	8:15am – 8:30am

Afternoon Pick Up 3:00pm – 3:15pm

To ensure your child's protection, your child **MUST** be signed in and out by a parent, guardian, or authorized adult every morning and every afternoon.

#### Before and After School Care

Before Care for the ELC students is provided from 7:00am until 8:15am.

After Care for ELC students is provided from 3:15pm until 6:00pm. Any child remaining after 3:15pm will be brought to After Care.

After care ends promptly at 6:00pm sharp.

Fees are on a half hour basis and must be prepaid.

# **Transportation**

Memorial Baptist Early Learning Center does not provide transportation.

# ELC 6 Weeks – PK3

Our Early Learning Center provides childcare for children 6 weeks – PK3. Following Louisiana and Jefferson Parish regulations, our school requires that your child be age 3 by or on September 30<sup>th</sup> to enter PK3.

# **6 Weeks - PK1 Learning Time Opportunities**

- Development and coordination of small and large muscles
- Experience colors, smells, sounds, textures, and tastes
- Experience sensory stimuli
- Promote curiosity, exploration, and discovery
- Encouragement to understand, acquire and use verbal and nonverbal communications
- Learn about Jesus and His love for us

#### **PK2 Learning Time Opportunities**

- Bible
- A Beka Curriculum
- Arts and Crafts
- Number: 1 10
- Counting: 1 10
- Comprehension of concepts through Language

#### **PK3 Learning Time Opportunities**

\*ELC PK3 Admissions Requirement: All students entering PK3 must be **potty trained**.

- Bible
- A Beka Phonics & Curriculum
- Arts and Crafts
- Pre-writing Skills
- Intro to basic Spanish

- Math concepts
- Counting 1 100
- Numbers 1 20
- Cutting Skills
- Music

### **Special Features**

Music: PK3 is taught by a certified Music teacher for 30 minutes each week. The children learn to appreciate music through singing, basic theory, and instruments.

Foreign Language: We begin to teach the basics of Spanish for PK2 and PK3.

Physical Development: Indoor/outdoor (if weather permits) activities are provided to promote muscle/motor coordination and development.

Group Time: Self expression is developed through centers, group games, story time, free play, and "show and tell."

Snack Time: Light refreshments are provided by the school daily.

Nap Time: A daily nap/rest time is mandated for ALL students.

Chapel Time: Each week our PK3 goes to Chapel to sing Bible songs, recite the weekly Bible memory verse, and listen to a Bible story/lesson given by the Director or teacher.

\*Admissions are open to all students regardless of race, color, sex, ethnic background, or national origin.

- Colors
- Shapes
- Intro to basic Spanish
- Music
- Physical Development

Memorial Baptist Early Learning Center



Registration & Tuition Schedule 2024 - 2025

GRADE LEVEL	AMOUNT	DUE DATE
ELC: 6 Weeks – PK 3	\$250.00 Registration Fee (Nonrefundable)	Returning Students: Registration Opens February 1 <sup>st</sup> New Students: Registration Opens March 1 <sup>st</sup>
Infants (5 Days)	\$9500.00 10 Month Total \$950.00 Monthly	First Payment Due: Beginning August 1 <sup>st</sup> Last Payment Due: May 1 <sup>st</sup>
PK 1 (5 Days)	\$7500.00 10 Month Total \$750.00 Monthly	First Payment Due: Beginning August 1 <sup>st</sup> Last Payment Due: May 1 <sup>st</sup>
PK 2 (5 Days)	\$6750.00 10 Month Total \$675.00 Monthly	First Payment Due: Beginning August 1 <sup>st</sup> Last Payment Due May 1 <sup>st</sup>
PK 3 (5 Days)	\$5950.00 10 Month Total \$595.00 Monthly	First Payment Due: Beginning August 1 <sup>st</sup> Last Payment Due: May 1 <sup>st</sup>

\*Tuition is due no later than the 5<sup>th</sup> of every month, a late fee of \$50.00 will be applied if tuition is not paid on time. \*

				25 School	TEAN
		<u>SE CIRCLE GRADE ST</u>			
		INFANTS PK1	PK2	РКЗ	
	Full Legal Name:				
LAST NAME		IRST NAME	MIC		
Home Addres	S:			_	
	STATE:				
DATE OF BIRTI	H ( MM/DD/YYYY):_		GE	NDER: F	Μ
ETHNICITY:					
CHILD LIVES W	NTH: BOTH PARENTS	Mother	Father	OTHER _	
<u>Father or L</u>	.egal Guardian's N	AME:			
ADDRESS:		PHONE #: _			
Place of Emi	PLOYMENT:				
	SS:				
	Legal Guardian's I				
ADDRESS: Place of Emi		I'HUNE #			
EPIAIL AVVILO	\$\$:				
NAME OF CHU	RCH FAMILY ATTENDS:	( IF NONE, STATE !	NONE):		
ARE YOU CHUI	RCH MEMBERS THERE?	YES NO			
NAME AND GR	ADES OF SIBLINGS WHO	) ATTEND MEMORIA	L BAPTIST SCHO	0L:	
NAME:	GRA	DE:			
Name:	GRA	DE:			
lete Annlicatio	ns must include copie	s of the following	<u>ı:</u>		
			.  .	unization Reco	
	tion Fee 🗌 Stude	ent's Birth Certifica	ate 🔄 Immu		ord Child Info Sheet
250.00 Registra		ent's Birth Certifica	ate 🔄 Immi		

People authorized to pick up my child and notify in case parent or legal guardian cannot be reached:

NAME:	RELATIONSHIP:	CONTACT #:
NAME:	Relationship:	CONTACT #:
NAME:	RELATIONSHIP:	CONTACT#:

Physician's Name:			PHYSICIAN'S PHONE #
DOES YOUR CHILD REQUIRE MEDICATION?	YES	No	IF SO, PLEASE LIST MEDICATION:
DOES YOUR CHILD HAVE ANY ALLERGIES?	YES	No	IF SO, PLEASE LIST ALLERGIES:

Please list any other medical information you feel the ELC should be aware of to better serve your child:

AUTHORIZATION TO TAKE YOUR CHILD TO EAST JEFFERSON GENERAL HOSPITAL EMERGENCY ROOM FOR TREATMENT IN THE EVENT PARENTS, GUARDIANS, OR EMERGENCY CONTACTS CANNOT BE REACHED:

YES \_\_\_\_ (initial) NO \_\_\_\_ (initial)

I DO HEREBY GRANT TO MEMORIAL BAPTIST SCHOOL PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED, AUDIO, VIDEO AND/OR FILMED WHILE PARTICIPATING IN MEMORIAL BAPTIST SCHOOL ACTIVITIES. I FULLY UNDERSTAND THAT THE FILM OR PHOTOGRAPHS CAN BE SHOWN ON THE SCHOOL OR CHURCH'S WEBSITE OR FACEBOOK PAGE, PUBLISHED IN THE LOCAL NEWSPAPER (THE TIMES PICAYUNE), AND/OR OTHER GATHERINGS WHICH CONCERN THE EDUCATION OF OUR CHILDREN.

YES \_\_\_\_ (initial) NO \_\_\_\_ (initial)

# Please submit applications in person at the school office.

For additional information, please contact: <u>hbock@mbsmetairie.org</u>.

\*\*The person completing this application must be the students' parent or legal guardian. If parents are legally separated, divorced, or otherwise not married it must be the custodial parent who fills out this application. Signing the application indicates acceptance for the responsibility of school payments. Statements and other communications will be sent to this responsible party. \*\*

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Memorial Baptist ELC Financial Agreement 2024 - 2025

I (WE) UNDERSTAND THAT BY REGISTERING MY (OUR) CHILD, A SPACE WILL BE RESERVED FOR MY (OUR) CHILD.

I (WE) UNDERSTAND THAT MBS IS PROVIDING MY CHILD WITH A CHALLENGING ACADEMIC PROGRAM IN A NURTURING CHRISTIAN ENVIRONMENT. MY CHILD'S ADMISSION INTO THIS PROGRAM IS CONTINGENT ON PAYING THE COSTS OF TUITION, FEES, AND ANY ADDITIONAL CHARGES WHEN DUE.

Tuition is due on the 1<sup>st</sup> of each month beginning in august and ending in May. Tuition is considered late after the 5<sup>th</sup> of the month; a \$50.00 late fee will be charged. If tuition is not paid by the 15<sup>th</sup>, an additional \$50.00 late fee will be charged.

FAILURE TO KEEP YOUR ACCOUNT CURRENT ON A MONTHLY BASIS WILL RESULT IN YOUR CHILD NOT BEING ABLE TO RETURN TO SCHOOL THE FOLLOWING MONTH.

PERSON(S) FINANCIALLY RESPONSIBLE FOR STUDENTS:

NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:
CONTACT #:	CONTACT #:
Email:	Email:





	Child's Informatio	n Form	
Namo		Sov	Piethdata
		3ex	Birthdate
	Mother		Father
Name			
Address			
mployer			
Iome Phone#			
Vork Phone#			
Cellular Phone#			
Person with whom t	he child lives:		
	he child lives:	Doctor's	s Phone #:
Child's Doctor:	he child lives:	Doctor's	s Phone #: hone #:
Child's Doctor: Child's Dentist:		Doctor's	s Phone #: hone #:
Child's Doctor: Child's Dentist:		Doctor's Dentist's P	'hone #:
Child's Doctor: Child's Dentist:		Doctor's Dentist's P Pł Pł	hone #: hone#: hone#:
Child's Doctor: Child's Dentist:		Doctor's Dentist's P Pł Pł	hone #: hone#: hone#: hone#:
Child's Doctor: Child's Dentist:		Doctor's Dentist's P Pł Pł	hone #:
Child's Doctor: Child's Dentist:		Doctor's Dentist's P Pł Pł	hone #: hone#: hone#: hone#:
Child's Doctor: Child's Dentist: Individuals to contact oes your child have a	ct in case of an emergency:	Doctor's Dentist's P Pł Pł	hone #: hone#: hone#: hone#:
Child's Doctor: Child's Dentist: Individuals to contact oes your child have a oes your child have a	ct in case of an emergency: any food allergies? any other allergies?	Doctor's Dentist's P Pr Pr Pr Pr Pr Yes Yes	No No No
Child's Doctor: Child's Dentist: Individuals to contact oes your child have a oes your child have a oes your child have a	ct in case of an emergency: any food allergies? any other allergies? any dietary restrictions?	Doctor's Dentist's P Ph Ph Ph Ph Ph Ph Ph Yes Yes Yes	hone #:
Child's Doctor: Child's Dentist: Individuals to contact oes your child have a oes your child have a oes your child have a	ct in case of an emergency: any food allergies? any other allergies?	Doctor's Dentist's P Pr Pr Pr Pr Pr Yes Yes	No No No
Child's Doctor: Child's Dentist: Individuals to contact oes your child have a oes your child have a oes your child have a	ct in case of an emergency: any food allergies? any other allergies? any dietary restrictions? any special needs or health concerns?	Doctor's Dentist's P Ph Ph Ph Ph Ph Ph Ph Yes Yes Yes	hone #:
Child's Doctor: Child's Dentist: Individuals to contact oes your child have a oes your child have a oes your child have a oes your child have a	ct in case of an emergency: any food allergies? any other allergies? any dietary restrictions? any special needs or health concerns?	Doctor's Dentist's P Ph Ph Ph Ph Ph Ph Ph Yes Yes Yes	hone #:
Child's Doctor: Child's Dentist: Individuals to contact oes your child have a oes your child have a oes your child have a oes your child have a	ct in case of an emergency: any food allergies? any other allergies? any dietary restrictions? any special needs or health concerns?	Doctor's Dentist's P Ph Ph Ph Ph Ph Ph Ph Yes Yes Yes	hone #:
Child's Doctor: Child's Dentist: Individuals to contact oes your child have a oes your child have a oes your child have a oes your child have a	ct in case of an emergency: any food allergies? any other allergies? any dietary restrictions? any special needs or health concerns?	Doctor's Dentist's P Ph Ph Ph Ph Ph Ph Ph Yes Yes Yes	hone #:

(Please notify these individuals that they may be asked to show proof of identity)





Name(First and Last)	Relationship

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_