

501 W Mustang
PO Box 687
Caldwell, Texas 77836
979-567-3771



FIRST BAPTIST SCHOOL : ENROLLMENT PACKET 2026-2027

Student Name _____
(Last) (First)

Grade Enrolled In _____

****PLEASE COMPLETE AND SUBMIT THE ENTIRE PACKET INCLUDING ACCOMPANYING DOCUMENTATION AT THE SAME TIME****

Ways to submit:

Email: admin@fbscaldwell.org
Mail: PO Box 687, Caldwell, Texas 77836
Fax: 979-567-9267
OR Drop off at front office

BOX FOR INTERNAL USE ONLY

Application Date: _____ Enrollment Fee Received

Initial Review Date: _____
Accepted Not-Accepted (attach notes as necessary)

Admission Date: _____

Withdrawal Date: _____

- Student Enrollment Form (Part 1)** (SS# | Grade / Days | DOB | Parent Info)
- Student Enrollment Form (Part 2)** (1 Signature | Alternative Pick Ups | Church)
- Additional Enrollment & Permissions** (2 Signatures | 2 Initials | After School Desig.)
- Tuition, Payment, Fees (Part 1)** (2 Initials | Payment Options & Information | Auto Pay)
- Tuition, Payment, Fees (Part 2)** (1 Signature)
- School Policies** (1 Signature | 10 Initials)
- Medical & Emergency Contact Form** (1 Signature | Physician | Med Hx & Allergies)
- Medical Forms (Part 1)** (1 PHYSICIAN Signature)
- Medical Forms (Part 2)** (3 Signatures)
- Copy of Shot Records**
- Copy of Birth Certificate**
- Copy of Social Security Card**
- ADDITIONAL DOCUMENTATION** (e.g. Affidavit, Court Documents, etc)



STUDENT ENROLLMENT | PART 1

PRESCHOOL (EARLY EDUCATION)

CIRCLE the enrollment grade

Wee 3s or Pre-K

SCHOOL AGE

(Monday Wednesday Friday only available for Wee3)

K 1st 2nd 3rd 4th 5th

MWF All Day MWF Half Day M-F All Day M-F Half Day

Student Information

Full Name: _____ Gender: Male Female
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Date of Birth _____ Social Security No: _____

Parent Information

FATHER Name : _____ Phone: _____
Last First

Address: _____
Street Address (if different from student/spouse) Apartment/Unit #

City State ZIP Code

Employer: _____ Work Phone : _____

Email: _____

MOTHER Name : _____ Phone: _____
Last First

Address: _____
Street Address (if different from student/spouse) Apartment/Unit #

City State ZIP Code

Employer: _____ Work Phone: _____

Email: _____



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STUDENT ENROLLMENT | PART 2

Special Family Information

Legal last name if different from above: _____

Legal Guardian: _____ Phone: _____

(if child not living with parents)

Address: _____
Street Address (if different from student's) Apartment/Unit #

_____ *City State ZIP Code*

Employer: _____ Work Phone: _____

If there is a custodial agreement, indicate custodian: _____
(custodial papers need to be included with Enrollment Packet)

Please list any Siblings with their names, ages, & grades:

Church Affiliation

Family Attends: _____ Member: YES NO

NOTE: We would invite you to ask your Pastor for a letter about your student and/or family's discipleship and potential benefit for inclusion at First Baptist School. This is neither required nor used as a means to determine application acceptance, but is a way in which we can better connect with how your family has already been ministered to and how we might be a part of that discipling process.

If you do not have a church you are currently active in, would you consider being contacted by a pastor at First Baptist Church Caldwell? YES NO

Policy of Non-Discrimination

First Baptist School affirms its non-discriminatory admissions policy and further declares that all privileges, programs, scholarships, and activities associated with the school are made equally available to all students enrolled, regardless of race, color, and national or ethnic origin.

Alternative Pick Up Release

When a child is brought to the school facility he/she must be left in the presence of a staff member. You must make a staff member aware of your child's departure. **Our staff will assume your child may be released to either parent unless legal documents in our office state otherwise.** I hereby authorize FBS to release my child only to those listed below unless specific notification is given:

Name & Phone: _____

Name & Phone: _____

Name & Phone: _____

SIGNATURE

I hereby apply for a place for my child named above for the school year: _____

Signature: _____ Date: _____



ADDITIONAL ENROLLMENT AND PERMISSIONS

After School Program Enrollment

If you plan to utilize the After School Program (3:25p - 5:45p) Please complete the form below. *After School Program is included in the All Day Wee 3 and Pre-K tuition HOWEVER, we still require the form to be completed if your child will be attending.*

I am enrolling my child in After School Care.

Please choose
an option:

M-F
 As Needed

Billed the Monthly Rate
Billed the Hourly Rate

By signing below, you understand that your child(ren) MUST BE PICKED UP BY 5:45PM. Failure to comply will result in additional fees.

Signature: _____ Date: _____

Field Trip Permission

I hereby (GIVE DO NOT GIVE) permission for my child to participate in any off campus field trips during the school year. I understand that private automobiles, vans, and church transportation may be used. I understand that all safety measures will be taken.

Parent/Guardian Initials _____ Date _____

Water Activities Permission

I hereby (GIVE DO NOT GIVE) permission for my child to participate in the following water activities; water table, sprinkler play, splashing/wading pools, swimming pools, aquatic playgrounds.

Parent/Guardian Initials _____ Date _____

Media Release Permission

I hereby (GIVE DO NOT GIVE) permission to the use of pictures/video taken during the course of the school year for publicity, promotional and/or education purposes (including publications, presentations, or broadcasts via newspaper, internet, social media, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Signature: _____ Date: _____



TUITION, PAYMENTS, & FEES | PART 1

TUITION PAYMENT OPTIONS

Please select which Tuition Payment Option you wish to apply to your child's tuition for the entire year:

- Option A
- Option B

OPTION A: FULL TUITION DUE ON THE 1ST OF THE MONTH

- Tuition is due on the first day of each month starting in August. (More information below)

OPTION B: 50% OF THE MONTH'S TUITION DUE ON THE 1ST & 50% DUE ON THE 15TH

- Tuition payments will be due on the 1st of each month and the 15th of each month starting in August.
- The tuition will be split 50/50 between these two payments.

Parent/Guardian Initials _____ Date _____

AUTOMATIC PAYMENT AUTHORIZATION FORM

Automatic payments are **OPTIONAL**. To select **Scheduled Automatic Payments**, choose which option below you wish to use for AUTO PAY:

- Debit/Credit Card
- Bank Account (ACH)

Parent/Guardian Initials _____ Date _____

FORMS OF PAYMENT

First Baptist School will accept the following forms of payment:

- Cash - Cashier's Check - Personal/Business Check - Debit Card - Credit Card - ACH

- Credit/Debit Card transactions will be assessed a 3% fee per transaction.
- Returned Checks will be assessed a \$10 fee.
 - After 2 returned checks, you will no longer be permitted to pay by check and required to use another form of payment.

CREDIT CARD INFORMATION (if selected)

Name on Card: _____

Credit Card Number: _____

CVV : _____ Expiration Date : ____ / ____

Circle Type: **DEBIT** / **CREDIT**

Consider using ACH for payments to help lower the cost of processing fees.

ACH INFORMATION (if selected)

Bank Name: _____ Bank Phone # : _____

Bank Routing Number: _____

Account Type & Number: _____



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TUITION, PAYMENTS, & FEES | PART 2

TUITION AND FEES

Enrollment Fee: \$ _____ (*\$200 of Enrollment Fee due when turning in Enrollment Packet & is NON-REFUNDABLE*)

Process Date: _____ (MM-DD) (*If paying by Debit/Credit Card or Bank Account chosen*)

Tuition: \$ _____

What day of each month do you wish the tuition to be processed? _____ (1st, 5th, 10th, or 15th)
(*If using AUTO pay*)

PAST DUE TUITION POLICY

Any tuition payments are applied to the oldest balance due. In order to enroll in **ANY** FBS program all student balances must be current.*

Option A PROCESS: The following process will be followed at minimum when a student's tuition is deemed late.

- Day 1 → Tuition due
- Day 16 → \$50 Late Fee added. Financial Secretary sends an invoice directly from Quickbooks and confirms receipt and understanding with a phone call. The School Administrator and/or Preschool Director will send an email to all email addresses listed on the enrollment form.
- Last Day → Quickbook Invoice re-sent by Financial Secretary and School Administrator and/or Preschool Director to follow-up via email / call.
- Of Month
- Day 45 → Notification via email from Financial Secretary advising of 15 days to meet with the First Baptist School Board to present a written plan for payment and discuss the delinquent tuition. If the plan is not agreed to, the student will be automatically dismissed from First Baptist School at the 2 month mark (day 60).
- Day 60 → If FBS Board has not approved the written plan for payment and continued enrollment, the student is automatically dismissed from First Baptist School.

Option B PROCESS: The following process will be followed at minimum when a student's tuition is deemed late.

- Day 1 → 50% of Tuition due
- Day 15 → \$25 Late Fee added. Financial Secretary sends an invoice directly from Quickbooks and confirms receipt and understanding with a phone call. The School Administrator and/or Preschool Director will send an email to all email addresses listed on the enrollment form.
- Day 15 → 50% of Tuition Due
- Last Day → \$25 Late Fee added. Financial Secretary sends an invoice directly from Quickbooks and confirms receipt and understanding with a phone call. The School Administrator and/or Preschool Director will send an email to all email addresses listed on the enrollment form.
- Of Month
- Day 45 → Notification via email from Financial Secretary advising of 15 days to meet with the First Baptist School Board to present a written plan for payment and discuss the delinquent tuition. If the plan is not agreed to, the student will be automatically dismissed from First Baptist School at the 2 month mark (day 60).
- Day 60 → If FBS Board has not approved the written plan for payment and continued enrollment, the student is automatically dismissed from First Baptist School.

Non-Compliance of the approved written plan for payment may result in a 15 day dismissal letter being sent to the responsible party.

Account Receivable Report and update on all approved written plans will be a standing agenda item on the School Board Agenda.

**Any past due balances within the prior 5 years are required to be paid current prior to enrollment.*

Parent/Guardian Initials _____ Date _____

Signature: _____ Date: _____



ACKNOWLEDGMENT OF SCHOOL POLICIES

School Policies List

The First Baptist Parent & Student Handbook is designed to give detailed information about the school's policies, activities, expectations, and more. It is NOT all-inclusive, and as conflicts or areas not covered arise, they will be addressed on a case-by-case basis. Please read it carefully and keep it for future reference. It can be updated at any time, and if this occurs, parents will be informed of what has changed and how in writing. If you have any questions, please do not hesitate to come by or call the Administration to clarify. Our expectation is that, while the entire document should be read and understood, there are specific policies and procedures we need to verify have been specifically reviewed and understood before completion of enrollment. **Please find the following policies in the handbook, read them, and then initial appropriately below.** When they are each complete, sign and date this page as an acknowledgement of completion and agreement that the remainder of the document will also be read.

School Forms & Policies to be read (ALL AGES):

- Nutrition Acknowledgement (pg *) Initials: _____
- Honor Code : Expectations (pg *) Initials: _____
- Honor Code : Disciplinary Action (pg *) Initials: _____
- Parental Cooperation (pg *) Initials: _____
- Collective Compact (pg *) Initials: _____
- After School Procedures (pg *) Initials: _____
- Nurse & Medication (pg *) Initials: _____

School Age ADDITIONAL Policies:

- Electronic Device Use (pg *) Initials: _____
- Internet Use (pg *) Initials: _____

Early Education ADDITIONAL Policies:

- Toilet Training Policy (pg *) Initials: _____

My signature below acknowledges and confirms that : I have read the specific policies listed above and have initialed as confirmation. I have read the First Baptist School Parent & Student Handbook. I understand the policies of First Baptist School and agree to adhere to following the standards as given.

(*-precise page numbers will be changing between 2025 & 2026 handbook-to be released)

Student's Name: _____
Parent's Name: _____
(printed)

Signature: _____ **Date:** _____



MEDICAL AND EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT INFORMATION

Student's Name: _____ Grade Enrolled In: _____

Date of Birth: _____

Address: _____
Street Address City State Zip Code

PARENT / GUARDIAN:

Father's Name: _____ Cell Phone: _____ Work Phone : _____

Mother's Name: _____ Cell Phone: _____ Work Phone : _____

IN CASE OF AN EMERGENCY IN WHICH PARENTS CANNOT BE REACHED PLEASE CALL:

Name: _____ Phone: _____

Relationship to Child: _____

Name: _____ Phone: _____

Relationship to Child: _____

EMERGENCY CARE: In the event I cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the person in charge to transport my child to the nearest appropriate medical facility. I give consent for this facility to secure any and all necessary emergency medical care for my child.

Family Physician: _____ Phone: _____

Address: _____

For the below section, complete as much as possible. Include any additional documentation, or pages as needed.

MEDICAL HISTORY: List any medical concerns such as ongoing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and any other information caregiver's should be aware of:

MEDICATIONS: Daily Medications taken by child:

ALLERGIES: Has your child been **diagnosed** with any allergies? YES NO

List both MEDICINE and FOOD allergies, any pertinent signs/symptoms of a reaction, and plan of action or treatment allowed

*If your child has asthma requiring an inhaler, allergies requiring EPI, seizures, or other potential life threatening conditions, a plan of action is **REQUIRED** from the doctor.*

Signature: _____ Date: _____



MEDICAL SCREENINGS

THIS FORM MUST BE COMPLETED AND SIGNED BY YOUR FAMILY PHYSICIAN

Student's Name _____ **DOB :** _____

Vision and Hearing required for 4 years old and above

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Signature:			Date :	

HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS
R				
L				<input type="checkbox"/> FAIL
Signature:			Date :	

List any medical problems that the teacher needs to be aware of to help this child in his/her education (limited activities, dietary restrictions, allergies, medications, etc): _____

I have examined the child named on this form and find that he/she is able to participate in this school program.

Physician Name:

Physician Signature: _____

Date: _____



MEDICAL FORMS | Part 2

IMMUNIZATION RECORD

***** REQUIRED: ATTACH A COPY OF THE MOST CURRENT SHOT RECORD*****

All students are required to have a record of immunizations on file with the school as we are required to report to the state. The following students MUST turn in shot records :

- NEW Students (including transferred students)
Students in PreSchool or Kindergarten
Students who have had ANY new immunizations
Students whose records need updated

CHICKEN POX

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:

My child had varicella disease (chickenpox) on or about the date _____ and does not need the varicella vaccine.

Signature: _____ Date: _____

EXEMPTIONS

COMPLETE THE FOLLOWING ONLY IF YOU ARE EXEMPTING FROM IMMUNIZATIONS

Form with checkbox and text: I am excluding my child from the immunization requirements for conscientious objection, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Dept of State Health Services. I understand this affidavit is valid for 2 years. For additional information regarding immunizations contact the Dept of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

Signature: _____ Date: _____

Insect Repellent Permission

I hereby ([] GIVE [] DO NOT GIVE) permission for my child to have First Baptist School apply insect repellent on my child if needed. (This is necessary as many repellants have chemicals or medication that can potentially affect a child, a medical condition, or other medications child may be prescribed.)

First Baptist School may only use the following brand(s)/type which I will provide including label with the student's full name and grade : _____ (write "ANY" if there is not a preference.)

Signature: _____ Date: _____



PARENT COMPLETION CHECKLIST

BEFORE SUBMITTING ENROLLMENT PACKET

Please make sure you have all the necessary items below completed.

- Did you sign and initial all appropriate paperwork?
- Did you get your copy of the Parent & Student Handbook?
- Do you have your Enrollment Fee ready to be submitted with the packet?
- Do you have the additional below forms in addition to the packet?
(they must be turned in at the same time)

ADDITIONAL DOCUMENTS REQUIRED

First time enrolling students need the following documents:

- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Shot Record
- Letter from your physician stating that the student may attend school / daycare.

Returning students need the following documents:

- Up to date Shot Records OR Signed Affidavit with notarization for conscientious exemption.
- Up to date Medical Record (*if there are any changes*)

OPTIONAL SURVEY QUESTION

What helped your family make the decision to apply for your student to attend First Baptist School (Caldwell)?
