

# Memorial Baptist Early Learning Center

2022 – 2023 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](http://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
- Colors
- Shapes
- Intro to basic Spanish
- Music
- Physical Development

### 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.***

# Memorial Baptist Early Learning Center

## Registration & Tuition Schedule 2022 – 2023



GRADE LEVEL	AMOUNT	DUE DATE
ELC: 6 Weeks – PK 3	\$250.00 Registration Fee (Nonrefundable)	<b>Returning Students:</b> Registration Opens Tuesday, February 1 <sup>st</sup> <b>New Students:</b> Registration Opens Monday, March 7 <sup>th</sup>
Infants (5 Days)	\$8500.00 10 Month Total \$850.00 Monthly	<b>First Payment Due:</b> Beginning August 1 <sup>st</sup> <b>Last Payment Due:</b> May 1 <sup>st</sup>
PK 1 (5 Days)	\$6500.00 10 Month Total \$650.00 Monthly	<b>First Payment Due:</b> Beginning August 1 <sup>st</sup> <b>Last Payment Due:</b> May 1 <sup>st</sup>
PK 2 (5 Days)	\$5850.00 10 Month Total \$585.00 Monthly	<b>First Payment Due:</b> Beginning August 1 <sup>st</sup> <b>Last Payment Due:</b> May 1 <sup>st</sup>
PK 3 (5 Days)	\$5250.00 10 Month Total \$525.00 Monthly	<b>First Payment Due:</b> Beginning August 1 <sup>st</sup> <b>Last Payment Due:</b> 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. \**



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:

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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: [hbock@mbsmetairie.org](mailto:hbock@mbsmetairie.org).

\*\*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 2022 – 2023

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: \_\_\_\_\_

§1515.A.1,2,3

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

**Child's Information Form**

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

	Mother	Father
Name		
Address		
Employer		
Home Phone#		
Work Phone#		
Cellular Phone#		

Person with whom the child lives: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist's Phone #: \_\_\_\_\_

Individuals to contact in case of an emergency:

\_\_\_\_\_ Phone#: \_\_\_\_\_  
 \_\_\_\_\_ Phone#: \_\_\_\_\_  
 \_\_\_\_\_ Phone#: \_\_\_\_\_  
 \_\_\_\_\_ Phone#: \_\_\_\_\_

Does your child have any food allergies?	Yes	No
Does your child have any other allergies?	Yes	No
Does your child have any dietary restrictions?	Yes	No
Does your child have any special needs or health concerns?	Yes	No

Please explain any "yes" answer here:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above.

*(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: \_\_\_\_\_