



6620 Spanish Fort Blvd . Spanish Fort, AL 36527 . 251-626-7137 . sfppreschool@gmail.com
Laura Roberts - Director

Registration Packet

- ☐ Child Registration Form
- ☐ Medical Form
- ☐ Medical Form – Physician Signature Required
- ☐ Notarized Affidavit
- ☐ Parent/School Agreement & Behavior/Discipline Guidelines
- ☐ Photo and Directory Consent Form
- ☐ Copy of Immunization Card (Religious Exemptions Not Accepted)
- ☐ Copy of Insurance Card
- ☐ Registration Fee

**** 3s and 4s must be fully potty trained (no pull-ups) \$20 per month additional fee for children Not potty trained**

****10% discount on monthly tuition and registration fee for siblings.**

****SFPP follows the Baldwin County School Calendar from August-May.**

Spanish Fort Presbyterian Preschool

Tuition Rates 2026/2027

Preschool Hours 9 am–1 pm

Extended Hours 7:30 am-4:30 pm

Age as of Sept. 1, 2026

Preschool Program 9am-1pm

Ages 18 Months - 4 Years Old

18 Months Classes are Part-Time ONLY* (M/W/F or T/Th)

*18 month 5-day interest see Director

2 Day ~ T/Th	\$240/month	Registration ~\$240
3 Day ~ M/W/F	\$260/month	Registration ~\$260
5 Day ~ M-F	\$280/month	Registration ~\$280

Extended Care Program 7:30am-4:30pm

Ages 2 -4 only

Full Time Extended ~ **Additional** \$335/month

Registration Fee

To be paid with the completed Registration Packet.

This fee reserves a spot for your child. Registration fees will be paid annually.

This is a **non-refundable** fee and is not part of your tuition payment for the upcoming school year. Registration covers building and operating costs for the school year.

Activity Fee

\$60.00 (9am-1pm preschool hours only)

The activity fee is a one-time fee to cover the classroom curriculum materials for the school year. For younger classes the fee covers classroom materials such as craft supplies, diaper changing gloves, etc. This does not include field trips or special events.

\$75.00 (2s, 3s, & 4s preschool plus extended hour option)

The activity fee for the 2s, 3s, & 4s extended hour option is a one-time fee to cover the classroom curriculum materials and before & after school materials for the school year. This does not include field trips or special events.

****10% discount on monthly tuition and registration fee for siblings.**

****SFPP follows the Baldwin County School Calendar from August-May.**

Registration Form

I am interested in: **(Circle One)** Mon-Fri Mon/Wed/Fri Tues/Thur
Extended Care: Full-Time (Mon-Fri)

Today's Date: _____ Child's DOB: _____
Gender: **M/F**

Child's Name:

_____/_____
(Last) (First) (Middle) (Goes By)

Home Address:

(Number & Street) (City) (State) (Zip)

Email Address: _____

Home Phone: _____

Mother's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Marital Status: Single Married Separated Divorced

***Please enclose a copy of your child's insurance card.**

Names & Ages of Siblings (Please specify if they live with your child or elsewhere.)

Emergency Contacts/Persons Authorized to Pick Up Child:

	Name	Daytime Phone #	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

***Please make sure the people you have listed are generally available to pick up your child if there is a need. Photo ID will be required.**

Medical Form

Child's Name _____

Child's Date of Birth _____

Parents' Names _____

Phone #'s _____

Child's Doctor _____ Phone # _____

Insurance Company _____ Policy # _____

* Copies of your insurance card and child's Vaccination/**Immunization CARD** are required by the State of Alabama to be on file.

We are a peanut free-school! Please do not send any peanut product with your child.

Food Allergies: (i.e. peanut butter) _____

Other Allergies: _____

Health Conditions: _____

*No medication will be given to your child during school hours.

*Please be aware that we do not have a licensed nurse on the staff.

In the event of an emergency, we will attempt to contact the parents first then the designated emergency contacts. If these numbers cannot be reached, we will call 911 or contact your child's doctor. If deemed necessary by the medical personnel, your child will be transported to the closest hospital for treatment. If your child becomes ill at school, but it is not an emergency, he/she will be isolated from the other children and the parents will be contacted.

"I have read and understand the health/medical policies of SFPP. If my child is injured, but it is not an emergency, I authorize SFPP to administer first aid treatment to him/her. I understand that I will be notified by written form or a phone call depending on the nature of the injury."

Parent Signature _____

Date _____

Child's Medical Report

(This form may be used for household members younger than 19 years of age)

Child's Name: _____ Date of Birth: _____

Name of Child's Parent or Guardian: _____

Address: _____ Telephone Number: _____

In addition to a medical report or a medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child two months to five years of age and for five year olds who are not enrolled in a public or private school.

History of Allergies: _____

I examined this child on (date) _____. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.

Signature of Physician, Physician Assistant, Certified Nurse Practitioner

Date

Parent/School Agreement

Please initial in the blanks

1. The Policy of the preschool is to make **No Refunds** of the Registration fee.
_____ If I choose to cancel my registration or remove my child at any time, I understand No Fee will be refunded.
2. _____ I understand that a Late Fee of **\$10.00** will be charged to my account for each week I am late. The monthly tuition is due on the first school day of each month and must be paid no later than the 10th of EACH MONTH. If a delay is unavoidable, please contact the Preschool Director.
3. _____ I understand that my account must be kept current. In the event that your account becomes over 20 days past due, you will be required to meet with the Director. If a payment arrangement cannot be made, your child will be removed from the program.
4. _____ I understand that the full month's tuition is due and is payable regardless of the number of days a child is present.

_____ I understand that I am paying for my child's space and not the number of days he is present.
5. _____ I understand the preschool has the right to dismiss any child whose behavior is seriously disruptive to the class.

_____ If my child is dismissed, I understand No Tuition will be refunded.
6. **A 30-day advance notice must be given to the Director if a parent decides to remove a child from the program.**
_____ **I understand that tuition will not be refunded if I choose to remove my child before the 30 days are up. If you choose to remove your child at the 1st of a month, that month's tuition is still due.**
7. _____ I will abide by any new policies which are instituted during the school year my child is enrolled in the program.
8. Children not enrolled in extended day must be picked up by 1:00 pm. Children enrolled in extended day must be picked-up by 4:30 pm.
_____ I understand I will be charged a **fee of \$1.00** for every minute after 1:00 pm or 4:30 pm that I am late picking up my child. Please refer to the Handbook for after the 1st occurrence fees.

Behavior/Discipline/Biting Guidelines

At Spanish Fort Presbyterian Preschool (SFPP), we use positive guidance techniques such as prevention, redirection and modeling appropriate behavior. If negative behavior persists discipline consists of "separation from the group or activity" (a time-out). The use of physical punishment is **not** permitted. Sometimes a child must be removed from the room to prevent disrupting the class. In this case, the child will be taken to the Director's office to take his/her time-out.

We acknowledge that biting is common among young children, but it is an unacceptable behavior. Children may bite for different reasons: exploration, teething, attention, frustration, and limited verbal skills.

In accordance with our church's Safe & Secure Policies, SFPP's policies regarding biting, unsafe, aggressive, or inappropriate behavior are as follows:

1st Time: Parents will receive a letter describing the behavior/incident.

2nd Time: Parents will receive a phone call from the teacher or the Director to discuss such behavior/incident and parent may be asked to pick-up child.

3rd Time: Parents will be asked to come in for a conference to address the behavior/incident and come up with a plan of action with school personnel.

4th Time: If behavior persists or worsens, the child may be dismissed from the program. The Director will use her discretion if the severity of the child's behavior warrants immediate dismissal.

Every effort will be made to accommodate parents and teachers, as well as the other children involved. The director and Preschool Board reserve the right to ask you to make alternate arrangements for the care of your child.

Teachers utilize a classroom 'stoplight' chart to monitor the children's' behavior through the day and will report each child's behavior daily to the parents.

I have read and understand the behavior/discipline/biting policies of SFPP.

Parent Signature _____

Date _____

PHOTO RELEASE FORM

- My child, _____, has my permission to have his/her photo taken during school hours, field trips, and special school events to be used for school press releases (example: Eastern Shore Parent Magazine, Baldwin Press Register, The Courier, Preschool's Facebook page, the Church website, and Facebook Page).
- I **do not** grant permission for my child, _____, to have his/her photo taken during school hours, field trips, and special school events to be used for school press releases.

Parent Signature: _____

Date: _____

ADDITIONAL INFORMATION ON YOUR CHILD

Religious Affiliation: _____

Church attended: _____

What activities does your child enjoy?

What method of discipline is used in the home?

Does your child have any fears we need to be aware of?

Has your child attended a preschool, daycare, or mom's day out program? _____ Where? _____

Do you have any concerns or questions regarding your child's development?

Notarized Affidavit

FORM OF AFFIDAVIT FOR PARENTS
STATE OF ALABAMA
COUNTY OF BALDWIN

Before me, a notary public in and for said state and county, appeared _____ and is known to me, after being duly sworn or affirmed says as follows:

That affiant is the parent or legal guardian of the minor child/children _____ that has been notified by Laura Roberts, a representative of Spanish Fort Presbyterian Preschool that said church or school has filed notice and is exempt under law from regulation by the department of human resources.

_____, Parent / Legal Guardian Sworn,
or affirmed to and subscribed before me this _____ day of _____, 2026.

_____, Notary Public

My commission expires _____