Welcome to
Chandler Preschool

Our Mission:

Chandler Preschool is an early childhood education program dedicated to providing a loving, caring and safe Christian environment for your child. Our teachers use a weekly theme-based curriculum based on Missouri Early Learning Standards. Our goal is to provide children with the opportunity to grow academically, as well as, develop spiritually, emotionally and socially. Chandler Preschool is a ministry of Chandler Baptist Church, a non-profit organization.

Program Information:

Full Day Option: Tuesday and Thursday 9 AM to 3 PM

Half Day Option: Tuesday and Thursday 9 AM to 12:00 PM
There are a limited number of Half Day spots
Pre K 2½ Day: Tuesday and Thursday 9 AM to 3 PM
Wednesday 9 AM to 12:00 PM

Infants -- 3 months to 15 months
Toddlers -- 15 months/walking to 23 months
2s/3s -- must be 2 by July 31
3s/4s -- must be 3 by July 31 & fully potty trained
Pre-K -- must be 4 by July 31

An enrollment fee/deposit of $50 per family is due at the time of enrollment to secure your child's spot in the program. **Automatic Debit form and voided check MUST accompany your enrollment forms.** Enrollment fees are non-refundable.

All enrollment forms, including immunization records are needed before your child can attend. **We do not accept Immunization Exemption forms.**

Infant Tuition - $250/month per child
Infant Half-Day Tuition - $180/month per child
Monthly Tuition - $230/month per child
Monthly Half-Day Tuition - $170/month per child
Pre-K Tuition - $275/month per child

Monthly payments are due on the 1st of each month. We collect tuition September 1st - May 1st. Classes run late-Aug through mid-May.

Please call Chandler Baptist Church for more information at 816-781-2011 or contact our director, Karlan via email: karlan@chandlerbap.org or check out our website: www.chandlerbc.org

All forms and enrollment fees to: Chandler Baptist Church Preschool
11401 NE State Route 33
Liberty, MO 64068

Enrollment 2026-27 School Year

Child's Name: _____ DOB: _____

Address: _____

Mother's Name: _____ Cell Phone: _____

Address: _____ Home Phone:_____

Email Address: _____

Employer:_____ Work Phone: _____

Work Address: _____ Work Hours: _____

Father's Name: _____ Cell Phone: _____

Address: _____ Home Phone:_____

Email Address: _____

Employer:_____ Work Phone: _____

Work Address: _____ Work Hours: _____

Emergency Contact Information (other than parents or doctors)

Contact #1 Name:
_____

Relationship: _____ Phone: _____

Address: _____

Contact #2 Name: _____

Relationship: _____ Phone:_____

Address: _____

Authorized Adults (People other than parents to whom your child may be released)

Name:_____ Relationship:_____

Name:_____ Relationship:_____

Agreement

I have been informed of the required health and safety inspections and that the inspections forms are available for review. I understand and agree that my child may not be accepted for care when they are ill. I agree to abide by the program's guidelines.

Parent Signature:_____ Date:
_____

Health History and Current Health Concerns

Please list any known **allergies** and special **medical conditions**, including any chronic health problems.

_____

_

_____

_____

_____

___

Please list any special medications and/or restrictions

_____

_____

_____

_____

____

Authorization for Emergency Medical Care

I understand that in the case of an accident or injury to my child, I will be notified immediately. If my child required emergency medical care, the physician and preferred hospital to use are as follows:

Doctor/Clinic: _____Phone:_____

Hospital: _____ Phone: _____

I certify that my child is, to my knowledge, in good health and free of disabilities that would endanger them or other children in attendance.

Parent Signature: _____ Date: _____

Staff Use Only:
Enrollment Date _____ Exit Date _____

ACH Payment Authorization
2026-2027 School Year

I/we, hereby authorize Chandler Baptist Church to electronically debit my/our account (and if necessary, electronically credit the account to correct erroneous debits) as follows. I/we agree that ACH transactions I/we authorize comply with all applicable law.

❏ Checking Account (please attach a voided check)

❏ Savings Account

Bank (depository) Name: _____

Routing Number: _____

Account Number: _____

I/we, authorize monthly debits in the amount selected below for each of my/our children enrolled in Chandler Preschool. Debits will be processed on or about the 1st of each month (September 2026 through May 2027), or on the next business day.

(Please select all that apply)

❏ $250 monthly fee for one infant

❏ $180 monthly fee for one infant half-day

❏ $230 monthly fee for one enrolled child

❏ $460 monthly fee for two enrolled children

❏ $170 monthly fee for one enrolled child half-day

❏ $275 monthly fee for Pre-K

I/we authorize that this authorization will remain in full force and effect unless I/we notify Chandler Baptist Church in writing that I/we wish to revoke this authorization. I/we

understand that Chandler Baptist Church requires at least seven business days' notice to process a cancellation.

Name(s): _____

Signature(s): _____

Date:_____