

**Opportunity Day Preschool  
Speedway Christian Church  
5110 W. 14<sup>th</sup> Street  
Speedway, IN 46224  
2018-2019**

Dear Parent(s),

Opportunity Day is a preschool program designed especially for children from 1 year of age through 5 years. The program meets on Mondays, Wednesdays, and Fridays (*1 year old class meets only on Mondays and Wednesdays*) from 9:00 a.m. - 2:30 p.m.

Activities for each class include crafts, music, playtime, etc. Classes for the older children will be provided with more academics in preparation for Kindergarten. Children will bring their own lunch each day. A mid-morning snack will be provided by Opportunity Day, or occasionally may be brought in by parent volunteers. The classes have a structured agenda that is appropriate to their class age. At the end of the day classes will have a “quiet time”, designed for the children to rest after a busy day. Younger children tend to sleep during this time. Older children tend not to, but they are expected to lie quietly and rest. Our preschool calendar coincides with the Speedway Schools district calendar. Opportunity Day is closed during the summer months. A schedule of our holidays and breaks will be sent home at the beginning of the preschool year.

*Program tuition fees* - \$90.00 per month, per child, for 1 day per week, \$170.00 per month for 2 days per week, and \$230.00 per month for 3 days per week. Fees are paid (beginning in September and ending in May) on the first class day of the month. **Fees are considered late if they are not paid within a week of the due date. A \$5 charge will be added each day fees are late.**

*Program registration fees* - A separate non-refundable registration fee of \$30 per application is due at the time the enrollment application is submitted. If more than one child (from the same family) is enrolled, the registration fee will be reduced. Opportunity Day is a not-for-profit program. Funds received for tuition are used to cover the preschool’s expenses, such as supplies and staff salaries.

To enroll your child in Opportunity Day Preschool, please complete the attached application, and return to the preschool office or the church office. Classes are filled on a first-come, first-serve basis. Returning children will have first choice in class scheduling. Names will be placed on waiting lists for any class that is filled. Please thoroughly read the information provided in the registration packet. If you have any questions, please feel free to contact me at 317.244.7656 or email me at [adelisle@speedwaychristian.org](mailto:adelisle@speedwaychristian.org). Thank you!

Sincerely,

Amy DeLisle  
Director, Opportunity Day Preschool



**Opportunity Day Preschool  
Speedway Christian Church**

**2018 - 2019**

Applications are now being accepted for the 2018-2019 Opportunity Day school year. The school year will begin on **Monday, August 20, 2018** and will end on **Friday, May 17, 2019**.

Registration fee is \$30 per application, with a reduced rate of \$25 per application for any sibling/s. The registration fee is **non-refundable**.

Classes are scheduled on Monday, Wednesday and/or Friday of each week during the school year with the exception of holidays or breaks that may fall on those given days. (*1-year- old class only meets on Monday and Wednesday.*) We will make every attempt to honor your preferred day/s.

In order to complete the process and guarantee your child's enrollment, the following items are required with each submitted application:

1. Completed application form
2. Completed health form
3. Current copy of child's immunization record (new copy required each year)
4. Copy of child's birth certificate (new students only)
5. Non-refundable registration fee (Checks payable to Speedway Christian Church)

***To guarantee preschool registration - All of the above items must be submitted.***

**You will be notified by e-mail by mid-July as to which day/s your child received.**

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E-mail address

I have read and understand the information given above.

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Signature of Parent/Guardian

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Date



**Opportunity Day Preschool  
Speedway Christian Church**

**2018 – 2019**

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**Permission Slip**

\_\_\_\_\_ has my permission to go on neighborhood walks  
or outside to the playground area at Speedway Christian Church during the 2018 – 2019 school year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**Photo/Media Release**

I, \_\_\_\_\_, the undersigned parent / guardian of  
\_\_\_\_\_, hereby consent that any audio recordings, videotapes and/ or  
photographs of the above-named child may be used by Speedway Christian Church in their various  
communications and promotional materials such as newsletters website, press releases, television or radio spots.  
Furthermore, I hereby consent that such photographs and recordings and the media from which they are made  
shall be their property, and they shall have the right to duplicate, reproduce, sell or make other use of them as  
they choose free and clear of any claim on my part.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**Facebook**

Opportunity Day has a Facebook page to share pictures and promote better communication for parents. Please  
let us know your preference regarding pictures on the preschool's Facebook page.

\_\_\_\_\_ Yes, it is fine if my child's picture appears on Facebook

\_\_\_\_\_ No, I do not want my child's picture to appear on Facebook

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Opportunity Day Preschool  
Speedway Christian Church**

**2018-2019**

**Application Agreement**

I desire to register the following child in the Opportunity Day Preschool program at Speedway Christian Church and I agree to meet the terms of this agreement.

I agree to pay \$90.00 per child, per month for one day a week, \$170.00 per child, per month for two days a week and \$230.00 per child, per month for three days a week. Tuition fees will begin in September (even though the first day of school will be August 20) and the last tuition fee will be due in May. I will be sure that my child is in good health when I bring him/her to school on any given class day. (Please refer to the handbook for health guidelines.) I will call the church if I will not be bringing my child on a certain class day.

***I understand that no refund will be made for non-attendance.*** I understand that registration fees are non-refundable and cannot be applied toward the monthly fees.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Child's Birth Date

\_\_\_\_\_  
Child's address

\_\_\_\_\_  
Home telephone #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Child lives with: \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

\_\_\_\_\_

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Information: Child's Mother/Guardian

Information: Child's Father/Guardian

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cellular #: \_\_\_\_\_

Cellular #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency Phone Numbers (This refers to someone other than the parents.)**

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_

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

Hospital Preference \_\_\_\_\_

**Attendance Preference (please check one):**

I would like one day per week \_\_\_\_\_

(circle one)

Monday

Wednesday

Friday

I would like two days per week \_\_\_\_\_

(circle two)

Monday

Wednesday

Friday

I would like three days per week \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Opportunity Day Preschool  
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**Health Form**

**A current copy of your child's immunization record must be submitted with this application.**

Child's Name: \_\_\_\_\_

1. Does your child have any:  
Allergies to medication?            Yes \_\_\_\_\_ No \_\_\_\_\_  
Physical restrictions?                Yes \_\_\_\_\_ No \_\_\_\_\_  
Dietary restrictions?                Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes to any of these, please describe:

\_\_\_\_\_

2. Does your child take any medication on a regular basis?            Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe: \_\_\_\_\_

\*I Authorize the Director or other personnel to continue this medication as per instructions.

\_\_\_\_\_  
Parent/Guardian Signature

3. In case of emergency, and if all given contacts have been exhausted, I hereby give permission to the Opportunity Day Director to seek proper medical attention for my child, including transportation, if necessary.

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian (please sign)