



Big Creek Church
2805 Dietrich Road
Foristell, MO 63348

2026-2027 Enrollment Packet

Enrollment is on a first-come, first-filled basis. A waiting list will be created once our rosters are full. Please complete every question of this document.

Child's Full Name: _____ Name Child Goes By: _____

Age: _____ Date of Birth: _____ Male: [] Female: []

Child's Home Address: _____ City: _____

Zip Code: _____ Home Phone Number: _____

Parent or Guardian Information

Father's Name: _____ Phone: _____

eMail Address: _____

Place of Employment: _____

Employer's Address: _____ Phone: _____

Work Schedule: _____

Mother's Name: _____ Phone: _____

eMail Address: _____

Place of Employment: _____

Employer's Address: _____ Phone: _____

Work Schedule: _____

First point of contact regarding your child: _____

Pick-Up

Persons authorized to pick up my child:

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Anyone besides a parent will be required to show their driver's license the first time they pick up.

Health History

List any allergies or health problems below that your child may have:

NOTE: If allergy requires an EpiPen or Benadryl to treat allergic reaction, this must be supplied by the parent and will be kept at the school in your child's file to be returned at the end of the school year.

Medication(s) taken regularly:

Please list below any emotional, social, or developmental concerns you may have regarding our child so that we may be prepared to better serve him/her in the classroom.

Emergency Numbers

Pediatrician's Name: _____

Address: _____

Phone Number: _____

Preferred Hospital: _____

Phone Number: _____

Please list persons, other than parents, to be reached in an emergency:

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Siblings names and Ages: _____

Current Church: _____

School district you live in: _____

Media/Photography: We use photography and videography as a means of sharing the fun things that we do together at school in addition to marketing to continue our mission! At the beginning of the year you will be asked to complete a media release form for your child where you will be given options on what you are comfortable allowing in reference to your child!

Fees and Tuition:

Registration Fees

A \$200.00 non-refundable registration fee is due upon registration to ensure your child's spot.

Tuition

Tuition is payable at the beginning of each month on the 1st of the month, or in full at the beginning of the school year. Monthly tuition is divided into 9 equal payments payable September - May. A 10% sibling discount is available. There is a 10% discount for upfront payment of tuition for the entire year if paid on or before May 22nd, 2026. There is a 5% discount for upfront payment of tuition for the entire year if paid between May 24th, 2025 and August 31st, 2025. There is a 10% discount to families who are members of Big Creek Church. Please reach out if this is a payment arrangement that you desire to make. Tuition can be paid by cash, check (made out to Little Seedlings Academy), or debit/credit card. Invoices will be emailed to you once per month. Tuition is non-refundable.

Please indicate which program your child will be attending:

3s/4s Program:

(we are not licensed for diapering/pull-ups, so your child MUST be potty-trained)

- | | |
|---|--|
| <input type="checkbox"/> Monday through Friday
9am - 3:00pm \$750.00/month | <input type="checkbox"/> Tuesday through Friday
9am-3:00pm \$700.00/month |
| <input type="checkbox"/> Tuesday, Wednesday and Thursday
9am - 3:00pm \$525.00/month | <input type="checkbox"/> Tuesday/Thursday or Wednesday/Friday
9am-3:00pm \$350.00/month |

Kindergarten Readiness (Pre-K) Program:

(select if your child will be attending kindergarten the following school year)

- | | |
|--|---|
| <input type="checkbox"/> Tuesday through Friday
9am - 3:00pm \$650.00/month | <input type="checkbox"/> Monday through Friday
9am-3:00pm \$750.00/month |
|--|---|

Before and After Care Program

We offer before care beginning at 6:30am and aftercare until 5:30pm, Monday through Friday. The cost for before care is \$7/day and aftercare is \$10/day. If both are utilized on the same day the cost is \$15/day. Snacks are provided during after care for your child. Payments for this program are separate from tuition and are invoiced monthly. *Educator discounts, first responder discounts, and military discounts are provided.

Will you be needing before care for your child? ☐ YES ☐ NO

Will you be needing after care for your child? ☐ YES ☐ NO

Additional forms needed to complete enrollment within 30 days of enrolling:

- Signed NPR form (to be completed at meet the teacher night)
- Current immunization records for your child
- Child medical exam form signed by your child's doctor (attached)

Authorization for Medical Care and Off-Site Activities

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care with the physicians or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Little Seedlings Academy to provide medical care.

Please initial below:

_____ I have been informed of the required health and safety inspections and the inspection forms are available for review.

_____ I understand that enrolling my child and paying the registration fee secures his/her spot and binds me to pay tuition due.

_____ When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.

_____ I give permission for field trips/excursions and understand that I will be notified in advance when they are planned.

_____ I understand that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending for whom an immunization exemption has been filed.

_____ I understand that Little Seedlings Academy is not licensed for diapering and potty training and my child must be independently potty trained prior to starting school.

Signature of Parent/Legal Guardian _____

Date: _____

School hours are 9:00am-3:00pm Monday-Friday. Your child will need a full-sized backpack, water bottle, snack and lunch daily. Welcome letters from teachers and a short supply list will be coming out later this summer, along with more details and information about our Orientation/Meet the Teacher Night which will be held at the end of August. The first day of school will be Tuesday, September 1st.

Thank you for giving us accurate information. Your form must be completed entirely to be processed.

We look forward to a wonderful year with you and your family.

Date registration form received: _____ No. _____

Registration Fee Paid: ☐ cash ☐ Check no. _____ ☐ Debit/Credit ☐ Venmo

Date medical form received: _____

Date of notification of enrollment: _____

Parent Acknowledgement: ☐ Yes ☐ No