

**2026-2027 APPLICATION FOR ADMISSION  
(PLEASE TYPE OR PRINT)**

**ASBURY PLAYSCHOOL  
1331 Hwy 42  
Petal, MS 39465**

**STUDENT'S FULL NAME:**

\_\_\_\_\_  
LAST                      FIRST                      MIDDLE                      GOES BY

**HOME ADDRESS:**

\_\_\_\_\_  
STREET                      CITY                      STATE                      ZIP CODE                      HOME PHONE

**DATE OF BIRTH:** \_\_\_\_\_ **AGE AT ENROLLMENT:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **RACE:** \_\_\_\_\_

**IS YOUR CHILD POTTY TRAINED?** \_\_\_\_\_ **MS State requires changing tables in classrooms that have diapers/pull-ups to change. It is the policy of Asbury Playschool that each child in the 3- and 4-year-old classrooms must be *fully* potty trained. Each child must be able to go to or ask to use the potty on their own, as well as pull pants down and up and wipe as needed. Due to the unusual amount of attention, it would require of one single teacher in those classrooms there are no exceptions.**

**ALLERGIES/SPECIAL NEEDS:** \_\_\_\_\_  
\_\_\_\_\_

**FATHER'S NAME (circle goes by name):**

\_\_\_\_\_  
LAST                      FIRST                      MIDDLE                      CELL PHONE

**HOME ADDRESS IF DIFFERENT FROM ABOVE:**

\_\_\_\_\_  
STREET                      CITY                      STATE                      ZIP                      HOME PHONE

**BUSINESS PHONE:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_

**Father's EMAIL ADDRESS:** \_\_\_\_\_

**MOTHER'S NAME(circle goes by name):**

\_\_\_\_\_  
LAST                      FIRST                      MIDDLE                      CELL PHONE

**HOME ADDRESS IF DIFFERENT FROM ABOVE:**

\_\_\_\_\_  
STREET                      CITY                      STATE                      ZIP                      HOME PHONE

**BUSINESS PHONE:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_

**Mother's EMAIL ADDRESS:** \_\_\_\_\_

**I give permission to Asbury Playschool to share my email address with Asbury children's ministry YES/NO**

### EMERGENCY CONTACTS

1. NAME: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_
2. NAME: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_
3. NAME: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**IN THE EVENT AN EMERGENCY OCCURS AN AMBULANCE WILL BE CALLED**

### CHILD PICK-UP AUTHORIZATION

The people listed below are authorized by the parents or guardians to pick up and drop off the child named on this enrollment form. The enrolled child may only be released to individuals on this list. ***Proper I.D. must be shown if a parent authorizes someone that is not listed below to pick a child up from Asbury Playschool.***

The people listed below will be added to the child's Brightwheel account as check in/out only.

- 1) Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

### NON-REFUNDABLE FEE SCHEDULE

**Registration and supply fees of \$180 are due at time of registration for new and current students. (Check or cash – this secures your child's position for the upcoming school year).**

**This fee *DOES NOT* cover August tuition.**

**Monthly Tuition: \$200 – Due on the 1<sup>st</sup> of each month. You may pay online or with check or cash.**

- Tuition is due on the first of each month. A \$15.00 late fee will automatically be assessed the 6<sup>th</sup> of the month. If it is necessary to make a late payment, please discuss it with the Director. All bank fees will be assessed for any returned check.
- We will be using an online program to check students in/out, messaging, and billing. New students will be entered into the system after registration and parents will receive details via email.
- **A two week notice is appreciated if a child will be withdrawn from Asbury Playschool;** however, the parent is required to pay for the full month in which the child is withdrawing. If for any reason a child misses several weeks or even a month of school, he/she will be required to pay the full tuition for that month if they are to remain enrolled. All ten months of the school year are full months for tuition regardless of holidays, sickness, bad weather days, or off days for any reason including a pandemic. Tuition will not be pro-rated for any reason.

**MISCELLANEOUS**

Parent Initials

I have been given a copy of and have read the Parent Handbook (also posted online). Yes \_\_\_\_ No \_\_\_\_

I understand that Asbury Playschool does not maintain liability insurance for injury or accidents while at the Playschool. Yes \_\_\_\_ No \_\_\_\_

I have been given a copy of and have read the MSDH Regulation Summary for Parents (included in Parent Handbook) Yes \_\_\_\_ No \_\_\_\_

Complete 121/122 immunization compliance form is on file in the facility before child attends. Yes \_\_\_\_ No \_\_\_\_

My child may be photographed or videotaped while attending Asbury Playschool Yes \_\_\_\_ No \_\_\_\_

My child's photo may be used on social media, i.e., Facebook, newspaper, etc. Yes \_\_\_\_ No \_\_\_\_

My child may take approved field trips sponsored by the center. I understand that I must sign a permission form for each field trip. (4's only) Yes \_\_\_\_ No \_\_\_\_

I authorize Asbury Playschool to obtain all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel, ambulance personnel and hospital doctors and nurses. Yes \_\_\_\_ No \_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date application received \_\_\_\_\_ Beginning Date \_\_\_\_\_

Certificate of Immunization Form 121 or Religious/Medical Form 122

Yes \_\_\_\_ Date Received \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_

Reason \_\_\_\_\_

Playschool Director's Signature \_\_\_\_\_ Date \_\_\_\_\_