



2024 - 2025 ENROLLMENT FORM FAITH EARLY CHILDHOOD CENTER

6101 Telegraph Rd. | Oakville, MO 63129
314.846.5942 Office | 314.375.1132 Fax
FECC@FAITHstl.org | feccstl.org

\$110 Enrollment Fee (Non-refundable)

Payable to Faith Oakville

Child's Name _____

Preferred Name _____

Date of Birth _____ Male/Female _____

Class Choices

Please note that class time and availability is dependent upon enrollment.

2/3's Kid's Day Out (9 a.m. - 1 p.m.)

☐ M ☐ T ☐ W ☐ TH ☐ F
\$110/mo \$110/mo \$110/mo \$110/mo \$110/mo

Available once your child turns 2

3/4's Preschool (9 a.m. - 12 p.m.)

☐ M/W/F \$210/month ☐ M-F \$335/month
☐ T/TH \$160/month

Must be 3 by 8/1/24 and potty-trained

4/5's Preschool (9 a.m.— 12 p.m.)

☐ M/W/F \$210/month
☐ M-F \$335/month

Must be 4 by 8/1/24 and potty-trained

Preschool add-ons

Add-ons can only be
applied to the days your
child attends preschool.

Early Drop Off (8:25 - 9 a.m.)

☐ M ☐ T ☐ W ☐ TH ☐ F
\$15/mo \$15/mo \$15/mo \$15/mo \$15/mo

Lunch Bunch (12 - 1 p.m.)

☐ M ☐ T ☐ W ☐ TH ☐ F
\$26/mo \$26/mo \$26/mo \$26/mo \$26/mo

Extended Day (12 - 4 p.m.)

☐ M ☐ T ☐ W ☐ TH ☐ F
\$95/mo \$95/mo \$95/mo \$95/mo \$95/mo

Parent Information Please check your preferred phone number to receive school communication (school closings, emergency, sickness, etc.) ALL LINES MUST BE FILLED IN, PER STATE GUIDELINES

Father's Name _____

Mother's Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone ☐

Home Phone ☐

Cell Phone ☐

Cell Phone ☐

Work Phone ☐

Work Phone ☐

Employer _____

Employer _____

Employer Address _____

Employer Address _____

City, State, Zip _____

City, State, Zip _____

Job Title _____

Job Title _____

Work Schedule _____

Work Schedule _____

Preferred E-Mail _____

Preferred E-Mail _____

Parent's current status: _____ Married _____ Divorce _____ Separated _____ Single

Student lives with (check all that apply)* _____ Father _____ Mother _____ Step-Father _____ Step-Mother _____ Grandparent _____ Other

*If a court-ordered parenting plan exists, please provide a copy to the school.

Name of person responsible for payments: _____

Member of Faith Oakville: Yes _____ No _____ If not, where do you attend church? _____

Has your child been baptized: Yes _____ No _____ Date _____

Additional Information

Names and ages of siblings _____

How did you hear about Faith Early Childhood Center? _____

Photo Release

I, _____, Parent/Guardian of _____, _____ do/_____ do not authorize and consent to the use of his/her visual image by Faith Early Childhood Center for appropriate purposes, including but not limited to: still photography, video, electronic and print publications and websites (Facebook). I give this consent with no claim for payment.

Join us on our FECC Facebook page, @fecbstl, for updates as well as fun photos and videos shared throughout the year!

Emergency Information

Allergies _____

Medical problems _____

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the Physician or Hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize

Faith Early Childhood Center

_____ to contact the following:
PRESCHOOL NAME

Doctor's Name _____ Phone _____

Preferred Hospital in case of emergency _____ Phone _____

Parent Signature _____

Emergency Contacts

Person(s) whom we may call if we are unable to reach either parent in an emergency or illness. They are also authorized to take your child from Faith's facility.

Name _____ Phone _____ Relationship _____

Address _____

Name _____ Phone _____ Relationship _____

Address _____

Agreements

- I have been informed of the required health and safety inspections and that the inspection forms are available for review.
- When my child is ill (fever, vomiting, contagious) I understand and agree that my child may not be accepted for care.
- Tuition is due the first day of each month. A late fee of \$10 is added for tuition paid after the 10th day of the month.**
- I understand a late charge will be assessed for children picked up more than 10 minutes late from the end of a session.
- Faith Oakville will take every precaution for your child's safety, but parents shall waive claim in event of an accident not within our providence to prevent.
- I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

Signature of Parent/Guardian

Date

For Office Use Only:

Enrollment date _____

Payment Type _____