

2025-2026 School Year

WEEKDAY PRESCHOOL AND KINDERGARTEN

First Baptist Church Texarkana, Texas
A Strong Foundation Since 1981

We Offer:

- *Degreed/certified Christian teachers
- *Developmentally appropriate curriculum
- *Positive reinforcement and guidance
- *Well-equipped facility
- *Music integrated curriculum
- *Spanish lessons
- *Gym and modern play equipment
- *Special events and experiences

Licensed by Texas Health & Human Services

The following programs are available:

Three Year Olds: (9:00-12:00) Three day and five day classes are offered. Students must turn three years old on or before September 1 of the school year for which you are registering. Students should be toilet trained.

Four Year Olds: (9:00-12:00) Three day and five day classes are offered. Students must turn four years old on or before September 1 of the school year for which you are registering. Students should be toilet trained.

K-4: (9:00-12:00 Monday - Friday) Students should turn five years old before January 1 of the school year for which you are registering. (Four year old students who are not eligible for Kindergarten due to their date of birth). Students should be toilet trained.

Kindergarten: (8:00-12:00) Kindergarten students must turn five years old on or before September 1 of the school year for which you are registering.

Early Drop: Available each morning from 7:30a.m.-8:50a.m.

Extended Care: (12:00-3:30) Students must bring their own lunch, drink, and rest mat.

	3 Day 9:00 - 12:00	5 Day 9:00 - 12:00	Kindergarten 8:00 - 12:00	1 Day per Week	2 Days per Week	3 Days per Week	4 Days per Week	5 Days per Week
*Registration & Supply Fee	\$200	\$300	\$325					
*Extended Care Supply Fee				\$20	\$35	\$50	\$65	\$80
Monthly Tuition	\$260	\$360	\$375					
Monthly Fee Early Drop (7:30 - 8:50)				\$18	\$36	\$54	\$72	\$90
Monthly Fee Extended Care (12:00 - 3:30)				\$50	\$100	\$150	\$200	\$250

A child must be registered for *each* program in order to utilize it. Fees are for places reserved for a child, not for days of attendance. **Registration will not be considered complete until ALL registration paperwork is complete (please refer to checklist on red Registration Form) and the Registration & Supply Fees have been paid.**

*One-time Registration & Supply fees are due upon registration and are non-refundable after three business days.

It is the policy of First Baptist Church Weekday Preschool & Kindergarten not to discriminate on the basis of sex, color, or national origin.

TUITION, SCHEDULES & FEES ARE SUBJECT TO CHANGE WITH WRITTEN NOTICE.

WEEKDAY PRESCHOOL AND KINDERGARTEN

First Baptist Church Texarkana, Texas

Registration Form

FOR OFFICE USE ONLY

Date _____ Time _____

Paid \$ _____

Cash _____ Check # _____ CC _____

Online _____ Add to Statement _____

CHILD'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____

MALE _____ FEMALE _____ TELEPHONE _____

PARENT(S) OR GUARDIAN _____

Please check EACH of the following programs your child will be attending:

	<u>Monthly Tuition</u>	<u>Monthly Totals</u>	<u>R&S Fee</u>	<u>R&S Fee Totals</u>
PRESCHOOL & KINDERGARTEN PROGRAMS				
Three Year Old Program				
___ 3 Day Tuesdays, Wednesdays, and Thursdays 9:00-12:00	\$ 260	\$ _____		
Registration & Supply Fee			\$200	\$ _____
___ 5 Day Monday - Friday 9:00-12:00	\$ 360	\$ _____		
Registration & Supply Fee			\$300	\$ _____
Four Year Old Program				
___ 3 Day Tuesdays, Wednesdays, and Thursdays 9:00-12:00	\$ 260	\$ _____		
Registration & Supply Fee			\$200	\$ _____
___ 5 Day Monday - Friday 9:00-12:00	\$ 360	\$ _____		
Registration & Supply Fee			\$300	\$ _____
___ 5 Day K-4 (must turn 5 before 01/01/2026) Monday-Friday 9:00-12:00	\$ 360	\$ _____		
Registration & Supply Fee			\$300	\$ _____
Kindergarten Program				
___ 5 Day Monday - Friday 8:00-12:00	\$ 375	\$ _____		
Registration & Supply Fee			\$325	\$ _____
EXTENDED CARE PROGRAM 12:00-3:30 p.m. (Parents must provide lunch, drink, and rest mat.)				
___ 1 Day, (Please check 1) ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.	\$ 50	\$ _____	\$20	\$ _____
___ 2 Day, (Please check 2) ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.	\$ 100	\$ _____	\$35	\$ _____
___ 3 Day, (Please check 3) ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.	\$ 150	\$ _____	\$50	\$ _____
___ 4 Day, (Please check 4) ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.	\$ 200	\$ _____	\$65	\$ _____
___ 5 Day, Monday - Friday	\$ 250	\$ _____	\$80	\$ _____

EARLY DROP-OFF 7:30-9:00 a.m. (Please check days needed)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

(1 day-\$18/2days-\$36/3 days-\$54/4 days-\$72/5 days-\$90)

MONTHLY TUITION TOTAL: \$ _____

REGISTRATION & SUPPLY FEES* TOTAL: \$ _____

**Registration & Supply Fees cover all morning snacks and school supplies for the year.*

*Reserve a spot for your child by returning **completed** forms with fee(s) to the Weekday Preschool Office.
Registration will not be considered complete until ALL forms and fees have been received.*

- REGISTRATION CHECKLIST**
- ___ Registration Form (red)
 - ___ Registration & Supply Fee
 - ___ Application for Admission ___ front ___ back (lemon)
 - ___ Consent Information (green)
 - ___ Discipline & Guidance Policy (orange) - read and keep
 - ___ Signed Health Care Professional's Report (butter)
 - ___ Current Immunization Record, Signed by Physician
 - ___ TB Questionnaire (tan)
 - ___ Payment Form (white)

- FOR OFFICE USE ONLY**
- ___ Registration Form
 - ___ Registration & Supply Fee
 - ___ Application for Admission
 - ___ Parental Agreement
 - ___ Signed Physician's Report
 - ___ Current Immunization Record
 - ___ TB Questionnaire
 - ___ Payment Form
 - ___ Notified of complete enrollment

Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

Director: Shawna Cotten

FOR OFFICE USE ONLY Date of Admission: _____ Date of Withdrawal: _____
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Application for Admission

PERSONAL INFORMATION:

Child's Name (First) _____ (Middle) _____ (Last) _____ Preferred Name _____

Date of Birth _____ Age _____ Sex _____ Child lives with ___ both parents ___ Mom ___ Dad ___ Guardian

Address _____ City _____ State _____ Zip _____

E-mail* _____ Elementary school district in which child resides _____
(*used to receive communication from office, monthly account statement and to set up account at myprocare.com)

Father's Name _____ Occupation _____ Employer _____

Home Address _____ City _____ State _____ Cell Phone _____ Bus. Phone _____

Mother's Name _____ Occupation _____ Employer _____

Home Address _____ City _____ State _____ Cell Phone _____ Bus. Phone _____

EMERGENCY CONTACT (other than parent) IF PARENT(S)/GUARDIAN CANNOT BE REACHED: (must include phone & address)

Name _____ Relationship to Child _____ Cell Phone _____

Street Address _____ City _____ Daytime Phone _____

I authorize FBC Weekday Preschool & Kindergarten **to release** my child to leave the child care operation **ONLY** with the following persons. PLEASE LIST NAME AND PHONE NUMBER FOR EACH. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID. (Please include parents, if approved to pick up child, on the following list.)

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Persons bringing the child or picking up the child must be sure that a staff member is aware of the child's arrival and/or departure.

HEALTH INFORMATION: List any special care needs your child may have: (check all that apply)

___ Diagnosed food allergies _____ Food Allergy Emergency Plan Submitted Date: _____

In case of diagnosed food allergy or severe illness, current Plan of Action signed by physician must be turned in with registration paperwork.

___ Food intolerances _____ ___ Limitations or restrictions on child's activities

___ Environmental allergies _____ ___ Reasonable accommodations or modifications

___ Existing illness _____ ___ Adaptive equipment (include instructions below)

___ Previous serious illness _____ ___ Symptoms or indications of complications

___ Injuries and hospitalizations (past 12 months) _____ ___ Medications prescribed for continuous long-term use

___ Hearing loss or difficulties

___ Vision difficulties Has child ever had vision tested? ___ No ___ Yes Does child wear glasses? ___ No ___ Yes

___ Has child ever had speech evaluated and/or received speech services? ___ No ___ Yes

___ Other: _____

Explain any needs selected above:

Has child ever been to a dentist: ___ No ___ Yes

Special problems or occurrences in the facility affecting your child will be brought to the attention of the parent/guardian. This includes serious communicable diseases. Parent conferences are available as needed and upon request.

PLEASE COMPLETE OTHER SIDE

HOME INFORMATION:

Married _____ Separated _____ Divorced _____ Stepfather _____ Stepmother _____
(how long) (how long) (how long)

Custody visiting arrangements _____

*A copy of any court documents outlining custodial arrangements must be provided to our office. Custody documents on file: ___Yes ___No

Additional information that would help us care for your child _____

BROTHERS AND SISTERS OF THE CHILD:

Name _____ DOB _____ Grade _____ Name _____ DOB _____ Grade _____

Name _____ DOB _____ Grade _____ Name _____ DOB _____ Grade _____

Does child sleep in the bed alone? _____ If not, with whom? _____

OTHER PEOPLE IN HOUSEHOLD:

Name Age/Relationship Name Age/Relationship

1. _____ 3. _____

2. _____ 4. _____

Who has cared for the child other than his parents? (State whether adults or teenagers.) _____

BEHAVIOR:

How does your child communicate his/her needs? _____

What method of behavior control is used in your home? _____

When your child gets upset, what helps him/her calm down? _____

How does child behave when you want him/her to do something new? _____

Does child have any special fears? _____

Are there any particular routines that are helpful at naptime? _____

Does your child choke easily while eating? _____

*Please do not send choking hazards in Extended lunches. Cut grapes and other foods into small pieces.

PLAY INFORMATION:

Favorite indoor play activities? _____

Favorite outdoor play activities? _____

Age(s) of playmates? _____ About how many? _____

Is child a leader? _____ Will child willingly share toys with others? _____

Has child had group play experience? _____

When and with whom does child watch TV? _____

When and with whom does child play computer, phone, or video games? _____

SOCIAL INFORMATION:

Check all of the following which describe your child:

- Aggressive
- Happy
- Friendly
- Adaptable
- Temper outbursts
- Good self-image
- Quiet
- Moody
- Stubborn
- Poor self-image
- Explosive

CHURCH ACTIVITIES:

Religious preference: Child _____ Father _____ Mother _____

Member of what church: Child _____ Father _____ Mother _____

Does child attend? _____ Does he/she enjoy it? _____ Do parents attend? _____

I consent to receive e-mails with information from First Baptist Church Texarkana (check all that apply):

Preschool Ministry Women's Ministry Church Activities (You may unsubscribe at any time.)

Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

CONSENT INFORMATION

TRANSPORTATION/FIELD TRIPS/ACTIVITIES OUTSIDE OF THE FBC PRESCHOOL BUILDING:

I give consent for my child to be transported and supervised by employees of First Baptist Church for:

Emergency Care Yes No

Field Trips Yes No

I give consent for my child to participate in supervised class activities outdoors, in unfenced areas, and in other indoor spaces at First Baptist Church Texarkana, 3015 Moores Lane, Texarkana, Texas. Yes No

WATER ACTIVITIES:

(This information is required by Child Care Regulation; water table play is the only water activity FBC Preschool & Kindergarten offers.)

I give consent for my child to participate in the following water activities: *(check all that apply)*

water table play sprinkler play splashing or wading pools swimming pools aquatic playgrounds

Is your child able to swim without assistance? Yes No

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? Yes No

Do you want your child to wear a life jacket while in or near a swimming pool? Yes No

SNACKS:

I understand that morning snack will be served to my child while in care. Extended students must bring their own lunch. Yes

PUBLICIZING STUDENT INFORMATION:

For various reasons, parents ask for telephone numbers and/or addresses of their child's classmates.

I consent for my telephone number to be given to other preschool parents. Yes No

I consent for my address to be given to other preschool parents. Yes No

Students may be photographed during day-to-day activities, field trips, and special events.

I consent for my child's picture or image to be published:

In the Weekday Preschool & Kindergarten monthly newsletter Yes No

On the FBC Texarkana Weekday Preschool & Kindergarten facebook page Yes No

On the First Baptist Church Texarkana website and/or other FBC Preschool Ministry publications Yes No

For the purpose of marketing or publicizing FBC Weekday Preschool & Kindergarten to the community Yes No

Signature of Parent or Guardian

Date

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone
Name of Emergency Care Facility	Address	Phone

I give consent for First Baptist Church employees to secure any and all necessary emergency medical care for my child.

Signature of Parent or Guardian

Date

The operational policies of First Baptist Church Weekday Preschool and Kindergarten are printed in the PARENT HANDBOOK. A copy of PARENT'S RIGHTS is included in this registration packet.

I HAVE READ AND AGREE TO ABIDE BY ALL POLICIES OF THIS FACILITY.

I ACKNOWLEDGE I HAVE RECEIVED A WRITTEN COPY OF MY RIGHTS AS A PARENT OR GUARDIAN OF A CHILD ENROLLED AT THIS FACILITY.

Child's Name

Signature of Parent or Guardian

Date

Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

As a facility licensed by Texas Health and Human Services, we adhere to the following

Discipline and Guidance Policy

This form provides the required information per Texas Administrative Code (TAC) minimum standards §746.2803 and §746.2805.

Directions: Parents will review this policy upon enrolling their child.

Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet;
- (9) Withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out;
- (10) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age, including requiring a child to remain in a restrictive device.

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&tac=&ti=26&pt=1&ch=746&rl=2803](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&tac=&ti=26&pt=1&ch=746&rl=2803)
- Title 26, Chapter 746 Subchapter L: [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=188434&p_tloc=&p_ploc=1&pg=4&tac=&ti=26&pt=1&ch=746&rl=2803](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=188434&p_tloc=&p_ploc=1&pg=4&tac=&ti=26&pt=1&ch=746&rl=2803)

A copy of the policy is provided in the operational policies.

Our teachers make every effort to relate to each child in order to prevent behavior problems. We feel that discipline and guidance should be positive, consistent, and constructive. Our guidance practices are based on an understanding of each child's needs and development, and all guidance is directed toward teaching the child self-control and acceptable behavior. If needed, a brief, supervised separation from the group may be used in the classroom or in the office. Should further guidance be necessary, parents may be asked to pick up the child from school. On rare occasions, the director reserves the right to counsel with parents, to require that the student be evaluated by an independent professional, and to remove the child from Weekday Preschool & Kindergarten either temporarily or permanently.

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
 - (A) staff training records; and
 - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - (A) video recordings of the alleged incident are available;
 - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>

Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

*This form or a similar form issued and signed by the child's physician
must be returned in order to complete registration.*

Please contact your child's physician's office, as a well visit may or may not be required.

Health Care Professional's Statement

Child's Name _____ Date of Birth _____

I have examined the above named child within the past year and find his or her physical condition suitable for normal preschool and group activities.

Signature - Health Care Professional

Date Signed

Health Care Professional's Name (Please print.)

Address of Health Care Professional

Are all immunizations up to date? ___ Yes ___ No (if no, indicate reason)

**PLEASE ATTACH A CURRENT COPY OF IMMUNIZATION RECORD
(must be signed or stamped by physician or public health personnel)**

Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

CURRENT COPY OF IMMUNIZATION RECORD IS REQUIRED REQUIRED IMMUNIZATIONS (CUMULATIVE)

2025 Recommended Immunizations for Birth Through 6 Years Old

Want to learn more?
Scan this QR code to find out which
vaccines your child might need. Or visit
www2.cdc.gov/vaccines/childquiz/



VACCINE OR PREVENTIVE ANTIBODY	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19 MONTHS	20-23 MONTHS	2-3 YEARS	4-6 YEARS	
RSV antibody	Depends on mother's RSV vaccine status						Depends on child's health status								
Hepatitis B	Dose 1	Dose 2		Dose 3											
Rotavirus	Dose 1		Dose 2	Dose 3											
DTaP	Dose 1		Dose 2	Dose 3	Dose 4					Dose 5					
Hib	Dose 1		Dose 2	Dose 3			Dose 4								
Pneumococcal	Dose 1		Dose 2	Dose 3			Dose 4								
Polio	Dose 1		Dose 2	Dose 3											Dose 4
COVID-19	At least 1 dose of the current COVID-19 vaccine														
Influenza/Flu	Every year. Two doses for some children														
MMR	Dose 1								Dose 2						
Chickenpox	Dose 1								Dose 2						
Hepatitis A	2 doses separated by 6 months														

KEY

- ALL children should be immunized at this age
- SOME children should get this dose of vaccine or preventive antibody at this age

Talk to your child's health care provider for more guidance if:

- Your child has any medical condition that puts them at higher risk for infection.
- Your child is traveling outside the United States. Visit wwwnc.cdc.gov/travel for more information.
- Your child misses a vaccine recommended for their age.



FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: www2.cdc.gov/vaccines/childquiz/



For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

Please complete the following section IF you are attaching an Exemption from Immunization form:

I have attached a signed and dated affidavit stating that I decline immunizations for my child, _____, for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code.

Printed Name

Signature

Date

Texas Department of State Health Services Tuberculosis (TB) Questionnaire for Children

Name of Child _____ Date of Birth _____ Date _____

Organization administering questionnaire **FIRST BAPTIST WEEKDAY PRESCHOOL & KINDERGARTEN**

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) or a TB blood test (called an IGRA) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box	Yes	No	Don't Know
TB can cause a fever of long duration, unexplained weight loss, a cough (lasting over two weeks), or coughing up blood. As far as you know has your child: <ul style="list-style-type: none"> • been around anyone with any of these symptoms or problems? or • had any of these symptoms or problems? or • been around anyone sick with TB? 			
Was your child born in: Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to: Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries:			
To your knowledge, has your child spent time (longer than 3 weeks) with: anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? Yes (specify date ___/___/___) No
 Has your child ever had a positive TB skin test? Yes (specify date ___/___/___) No
 Has your child ever had a positive TB blood test? Yes (specify date ___/___/___) No

For school/healthcare provider use only

 PPD / IGRA administered (circle one)

Date Administered: ___/___/___ Date Read (if PPD): ___/___/___

Result of PPD: _____ mm Result of IGRA test: Positive Negative Indeterminate/Invalid

Type of service provider (i.e. school, Health Steps, other clinics): _____

PPD/IGRA provider: _____
signature printed name

Provider phone number: _____

City _____ County _____

If positive, referral to healthcare provider: Yes No

If yes, name/contact of provider: _____

FBC Weekday Preschool & Mother's Day Out Payment Form



We request that each family provide us with a completed authorization form (please find attached), along with one of the following:

A voided check – Tuition payments will be automatically drafted from your checking or savings account on the 5th of each month at no extra cost or fees.

OR

Credit or debit card information – Tuition payments will be automatically charged to your account on the 5th of each month. **A 2.85% processing fee will apply.**

Automated payments will begin on September 5, 2025, and occur monthly, with the last payment being made on May 5, 2026.

Pro-rated August tuition amounts will be provided to you in August.

Once your child's registration is complete, you may use your billing e-mail address to enter the free online portal at MyProcare.com. You may use this safe, secure, and convenient portal to access account information or make payments at any time.

Please note, returning families may continue to use their existing MyProCare portal.

If you have any questions, please contact the Weekday Preschool office at weekdaypreschool@fbctexarkana.org or 903.223.5424.



Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

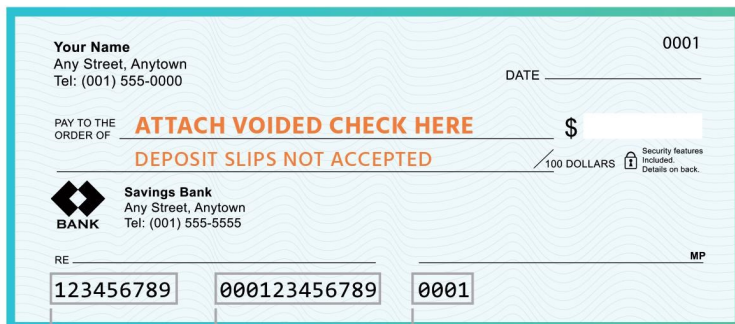
COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER: 123456789
ACCOUNT NUMBER: 000123456789
CHECK NUMBER: 0001

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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