

APPLICATION FOR ENROLLMENT

2025-2026 SCHOOL YEAR

Please be aware that class offerings may change. Enrollment is handled on a first-come, first-served basis. Once a class reaches its maximum capacity, a waitlist will be established. While toilet training accidents can happen and we offer support to children during such moments, we require that four and five-year-old children are potty trained or that families of three-year-olds are actively working on potty training in order to participate in Playschool Preschool.

Playschool is a preschool dedicated to children between the ages of three and five years. Operated by the First Baptist Church of Manlius, the school works closely with the church's ministries.

Objectives

- To deliver hands-on learning opportunities for children.
- To implement a theme-based literature-rich program that promotes engaging and relevant topics of study.
- To promote skills for kindergarten readiness, emphasizing sensory exploration, motor skills, play, reading readiness, music, and movement.
- To cultivate confidence, self-control, and a sense of responsibility in each child.
- To establish a warm and nurturing Christian environment.
- To ensure open lines of communication between parents and staff.
- To support children's academic, social/emotional, and spiritual development.

Please complete the following application to enroll your child in our preschool. Playschool is overseen by the Children's Services Committee (CSC) of the First Baptist Church of Manlius. The school is open to all children, regardless of race, religion, nationality, or creed, who may benefit from our program. The school is a ministry of the First Baptist Church of Manlius, a non-profit organization, and is subject to the charter, constitution, and by-laws of the Church.

Please Return to: Melissa Mapstone, Playschool Director
Phone: 315-967-9561 Email: Playschool@FirstBaptist-Manlius.org



Registration F	ee: \$75 non- refundable
Ck #_	/cash

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2025-2026 SCHOOL YEAR

Child's name	D.O.B		_ □Male □Female
Home address:			
Parent/Guardian Name:	Occupa	ation:	
Cell phone:	Email:		
Work address:	Work phone:		
Parent/Guardian Name:	Occupa	ation:	
Cell phone:	Email:		
/ork address: Work phone:			
Marital status of student's parents: \square mar	ried divorced sepa	rated	
Is there a custody agreement in place? \Box	yes 🔲 no		
If yes, which parent has physical custody?			
Please list the names and ages of other ch	ildren in your family.		
Additional emergency names and numb	ers:		
Name/relation:		_phone:_	
Name/relation:		_phone:	
Does your child have any medical need	s? Lbee allergy Lepiler	psy 🗆 nos	sebleeds
☐asthma ☐bathroom needs ☐diabetes	food allergies:		
other:			
Do you anticipate any difficulties in your ch		oup situati	ion? Please describe.

What group activities is your child involved in?				
Is there any additional information you think we sh	nould know to enhance our understanding of your			
Has your child been identified with any educations occupational therapy physical therapy Is English your first language? yes no If not Circle or highlight the adjectives below that best down in Fun-loving Sensitive Determine Animated Shy Energy Lively Quiet Loud	other o, what language is spoken at home? escribe your child (or add your own): mined Reserved Talkative			
	I your child in. All classes are in session from 9 e class by December 1 of the 2025-2026 school e to enrollment numbers.			
3-year-old class – Tuesdays and Thursdays (2 days per week) 3-year-old class – Tuesdays, Thursdays, and 1 additional day (3 days per week) Are you interested in 5 days per week for your 3-year-old? yes no 4-year-old class – Mondays, Wednesdays, and Fridays (3 days per week) 4-and-5-year-old class – Monday through Friday (5 days per week)				
We are excited to hear how you discovered Plan Word of mouth (Who referred you to us?): Social Media: Other Advertisement:				
Child's Name:	D.O.B.:			
Preferred Nickname:				
Parent/Guardian Signature	Date:			

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