

Are you interested in enrolling your child
for the 2026-2027 school year?

Solid Rock Academy is giving tours!

Call or email for an appointment day and time.

laurajo.smith@fbcwentzville.com OR 636.327.8696

*****We will begin accepting enrollment forms for New Families on January 28, 2026. You can drop off the enrollment form and fee early, but it will not be processed until January 28.***

***If you would like to enroll your child on the same day as the tour,
please bring the following paperwork:***

1. Enrollment Form completely filled out
2. Enrollment Fee of \$225, cash or check payable to "First Baptist Wentzville"
3. Current Immunization Records
4. Medical Form
5. Copy of the child's Birth Certificate (if you don't have or can't find this document, we will give you some time to turn it in)

Upon arrival for your appointment, enter door #3. As soon as you enter through the door, turn left into our main office and let the secretary know you have an appointment.

Solid Rock Academy

Days Offered and Tuition Rates 2026-2027

Registration Fees

Registration Fee	\$225
Total due at registration	<u>\$225 per family, not per child</u>

Returning Families Fee **\$175 per family**

Monthly Rates:

Lamb and Puppy Class (*Children who are 2 or younger on August 1, 2026*)

1 day a week	Annually	Monthly (9-months)
Tuesday, Wednesday or Thursday	\$1,530	\$170
<i>*Available only with office approval- Please contact Miss Laura Jo</i>		
2 days a week		
Monday & Wednesday	\$2,430	\$270
Tuesday & Thursday	\$2,430	\$270
3 days a week	\$3,330	\$370
4 days a week	\$4,140	\$460

Preschool Classes (*Children who are 2 or older on July 31, 2026*)

2 days a week		
Monday & Wednesday	\$2,340	\$260
Tuesday & Thursday	\$2,340	\$260
3 days a week	\$3,240	\$360
4 days a week	\$4,050	\$450

Tiger Class (*Children who are 5 by October 30, 2026*)

3 days a week		
Mon, Tue & Wed	\$3,330	\$370
4 days a week		
Monday – Thursday	\$4,140	\$460

Solid Rock Academy

2026 – 2027 Enrollment Options

Child's name _____

Birthdate _____

Directions

1. Enter your child's name and birthdate.
2. Choose below your child's attendance days
3. Mark your first, second and third choice. (1,2,3)

One Day a Week: We do not offer one day attendance to children who are 3 or older on or before 07/31/2026. *Available only with office approval- Please contact Miss Laura Jo.

_____ Tuesday

_____ Wednesday

_____ Thursday

Two Days a Week:

_____ Monday/Wednesday

_____ Tuesday/Thursday

Three Days a Week:

_____ Monday, Tuesday, Wednesday

_____ Monday, Wednesday, Thursday

_____ Monday, Tuesday, Thursday

Four Days a Week:

_____ Monday – Thursday

Tiger Transitional Pre-k Class

Past experience tells us that many children who are held back from kindergarten are not socially and academically ready for school. Any child who qualifies for kindergarten MUST be screened by a Solid Rock staff member prior to enrollment to see if our class will be of benefit to the child. Any child currently enrolled at Solid Rock can enroll in the Tiger Class upon the recommendation of his/her current teacher

If your child turns 5 between 5/1/2026 – 10/31/2026 and you would like to enroll him/her in the Pre-k class (Tiger Class); your choice of days are as follows: (Children who are not 5 by October 31 will be enrolled in a regular pre-k classroom.)

_____ Mon, Tues, & Wed

_____ Monday – Thursday

Solid Rock Academy

Enrollment Form

Every line must be completed

OFFICE USE ONLY

Classroom _____

Enrollment Date _____

Start Date _____

Discharge Date _____

Forms to be retained one year after discharge

Registration Fee \$ _____ Check # _____

CHILD INFORMATION

Child's Full Name _____ Nickname _____

Birthdate ____/____/____ (mm/dd/yyyy) Current Age _____ Male Female

Address _____ City _____ Zip Code _____

FIRST NAME YOU WOULD LIKE YOUR CHILD TO LEARN TO RECOGNIZE/WRITE _____
(i.e.: If your child's name is Rebecca, do you want her to learn "Becky" or "Rebecca"?)

PARENT/GUARDIAN INFORMATION

Mother's Name _____ Cell Phone _____

Address _____ Cell Phone Carrier _____
(if different from child's)

E-mail Address _____ Church you attend or n/a _____

Employed By _____ Work Number _____

Address _____ Work Hours _____

Father's Name _____ Cell Phone _____

Address _____ Cell Phone Carrier _____
(if different from child's)

E-mail Address _____ Church you attend or n/a _____

Employed By _____ Work Number _____

Address _____ Work Hours _____

Which parent/guardian should we contact first with sickness: _____

Do Mother and Father live in the same home? Yes No

If no, who has legal custody? _____ Please submit a copy of custody papers with this form.

EMERGENCY CONTACT/AUTHORIZED TO REMOVE CHILD FROM FACILITY (OTHER THAN A PARENT).

If your child needs to be picked up by someone other than those listed below, you can contact the school office by phone or email. Your primary contact MUST have a full address.

PRIMARY CONTACT (other than parents)

Name _____	Relationship _____
Phone _____	Cell Phone _____
Address _____	

ADDITIONAL CONTACTS (other than parents)

Name _____	Relationship _____
Phone _____	Cell Phone _____
Name _____	Relationship _____
Phone _____	Cell Phone _____
Name _____	Relationship _____
Phone _____	Cell Phone _____

PERMISSIONS

<p>Photos/Video</p> <p>I give permission for FBCW and Solid Rock to use photographs for any legal use, including but not limited to publicity, copyright purposes, illustration, advertising, and web content. (This includes video.) I understand that no royalty fee or other compensation will become payable to me or Solid Rock for such use. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Parent App</p> <p>I give permission for my child to be in group/class pictures for the purpose of the pictures being sent to every family <u>in my child's class</u> using the Parent App. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>-----</p>	
<p>Rosters</p> <p>The older classes will hand out classroom rosters within the first few weeks of school. The roster will include Mom and Dad's name, child's name, address, and a phone number. Please check the appropriate statement below.</p> <p><input type="checkbox"/> I give permission for our information to be included on the classroom roster.</p> <p><input type="checkbox"/> I do not want our information to be included on the classroom roster.</p>	
<p>_____ Signature of Legal Guardian (Dad)</p>	<p>_____ Signature of Legal Guardian (Mom)</p>

HEALTH INFORMATION

Please check all that apply:

_____ **My child has no known health concerns.**

_____ **My child has asthma.**

Does your child require medication stored at school? YES NO

_____ **My child has a food allergy/food sensitivity/other allergy.**

Please explain:

Has your child's allergy been diagnosed by a doctor? YES NO

Does your child require Benadryl for the allergy? YES NO

Does your child require an Epi-pen for the allergy? YES NO

If your child has a food allergy,

Has he/she had a reaction after touching these food items?
If "yes," please explain the incident. YES NO

Has he/she had a reaction after smelling these food items?
If "yes," please explain the incident. YES NO

Does your child have any of the following? If yes, please explain.

_____ Vision Problems

_____ Hearing Problems

_____ Speech Problems

_____ Febrile Seizures

_____ Nursemaid's Elbow

_____ Diabetes

_____ Heart Problems

Has your child been screened by Parents As Teachers in your school district? Y N
If yes, were any concerns brought to your attention?

Does your child receive special services (speech, behavior modification)? Y N

PERMISSION FOR EMERGENCY TREATMENT OF MINOR

PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY

I understand that I will be notified at once in case of an emergency (accident or injury) 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 The Solid Rock Preschool and Mother's Day Out, FBC Wentzville to contact the following and agree to pay for the services rendered by the hospital and physician:

Doctor/Clinic:

Name _____ Phone _____

Preferred Hospital:

Name _____ Phone _____

Signature of Legal Guardian (Dad)

Signature of Legal Guardian (Mom)

AGREEMENTS

The Solid Rock ministry is a ministry of the First Baptist Church of Wentzville. The curriculum offered by the instructors, under the direction of the ministry leadership, will reflect the teachings of the Bible and the articles of faith of the church.

I understand and agree that attending the Solid Rock Preschool and Mother's Day Out ministry is a privilege and the ministry reserves the right to suspend or expel my child in accordance with policies determined by the ministry. Notwithstanding anything to the contrary contained herein, the agreement does not bind either party to any specific period of enrollment. Either party may terminate this Agreement without cause upon (14) fourteen days written notice. I understand that no rights or presumptions of continued enrollment are conferred or implied by this Agreement or by a number of consecutive Agreements. I further agree that no right to notice or renewal or nonrenewal of the Agreement is conferred or implied.

- A. I have been informed of the required health and safety inspections and the inspections are available for review.
- B. I am aware that I may request if there are children currently enrolled in the facility for whom an immunization exemption has been filed.
- C. If my child is 3 as of the July 31 of the current school year, I realize that he/she MUST be potty-trained.
- D. When my child is ill, I understand and agree that my child will not be accepted for care.
- E. I have read all policies of The Solid Rock Ministry and I agree to abide by them.
- F. I understand that I must pay the monthly tuition even if my child has absences during the month.
- G. I understand that the teaching in my child's class will reflect the teaching of the Bible.
- H. I will immediately notify the Director of Solid Rock Preschool IF my child is diagnosed with any childhood disease or contagious illness.

Signature of Legal Guardian (Dad)

Date

Signature of Legal Guardian (Mom)

Date

