

**Opportunity Day Preschool
Speedway Christian Church
5110 W. 14th Street
Speedway, IN 46224
2026 - 2027**

Dear Parent(s),

Thank you for your interest in Opportunity Day Preschool. Attached please the application form and information for you to fill out before submitting the application. Please be sure to read all the material carefully before submitting your application. **To guarantee preschool registration - All the required items must be submitted, including the registration fee.**

Opportunity Day has a similar schedule to Speedway Public Schools with a few exceptions that include (but are not limited to) our start and end date. A complete 2026 - 2027 calendar will be provided to each enrolled child in July 2026.

Program fees are - \$100.00 per month, per child, for 1 day per week. \$200.00 per month, per child for 2 days per week and \$265.00 per month, per child for 3 days per week. Fees are paid (beginning in September and ending in May) on the first-class day of the month. **(There is no tuition fee due in August.)**

A separate, **non-refundable** registration fee of \$40 per application is due at the time the enrollment application is submitted. **If more than one child (from the same household) is enrolled, the registration fee will be reduced to \$30 for each additional sibling enrolled. (For example, if you are registering two children, your total registration fee will be \$70.00)**

All registrations are received on a first-come, first-served basis and classes fill up quickly. Please look at the available registration dates carefully. Opportunity Day does not hold spots for students without complete applications and registration fees.

Again, thank you for your interest in our preschool. If you have any questions, please feel free to contact me at 317-244-7656 extension 15. Thank you!

Sincerely,

Caroline Cork
Director, Opportunity Day Preschool

Applications will be available:	Monday, February 23
Applications accepted from existing Opportunity Day Families:	Monday, March 2 at 9:00 a.m.
Applications accepted from families on the waiting list:	Wednesday, March 11 at 9:00 a.m.
Applications accepted from new families:	Wednesday, April 1 at 9:00 a.m.



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The application process for the 2025-2026 Opportunity Day school year has begun. The school year will begin on **Monday, August 18, 2025** and will end on **Friday, May 15, 2026**.

A **non-refundable** registration fee of \$40 per application is due at the time the enrollment application is submitted (the non-refundable registration fee is required for waitlist applications). **If more than one child (from the same household) is enrolled, the registration fee will be reduced to \$30 for each additional sibling enrolled. (For example, if you are registering two children, your total registration fee will be \$70.00)**

Classes are scheduled on Monday, Wednesday and/or Friday of each week during the school year with the exception of holidays that may fall on those given days. We will make every attempt to honor your preferred day/s. (Requests for specific classrooms are not guaranteed.)

To complete the enrollment process, the following items are required with each submitted application:

1. Completed application form
2. Completed health form
3. Completed Minor Participation Authorization & Consent to Emergency Medical Treatment Form
4. Current copy of child's immunization record **(new copy required each year)**
5. Copy of child's birth certificate **(new students only)**
6. Non-refundable registration fee **(Checks payable to Speedway Christian Church)**

We will notify you by e-mail by mid-July as to which day/s your child received.

I have read and understand the information given above.

Signature of Parent/Guardian

Date

To guarantee preschool registration - All the items listed below MUST be submitted at the time the application is submitted along with your \$40 non-refundable registration fee. No enrollments will be held without complete registration forms and fees.

Opportunity Day Preschool

Speedway Christian Church

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Application Agreement

I desire to register the following child in the Opportunity Day Preschool program at Speedway Christian Church and I agree to meet the terms of this agreement.

I agree to pay \$100.00 per child, per month for one day a week, \$200.00 per child, per month for two days a week and \$265 per child, per month for three days a week. **Tuition fees will be due September 1, 2026 (even though the first day of school will be in August) and the last tuition fee will be due May 1, 2027.** I will be sure that my child is in reasonable health when I bring him/her to school on any given class day and I agree to follow all health and safety policies outlined by Opportunity Day. I will contact Opportunity Day if I will not be bringing my child on a certain class day. **I understand that no refund will be made for non-attendance, weather or holiday closures.** I understand that registration fees are non-refundable and cannot be applied toward the monthly fees.

Name of Child

_____-_____-_____
Child's Birth Date

Address

Nickname (Name teachers will call your child)

Main Contact person and main phone number: _____

City

State

Zip Code

Class Preference (Please circle one)

1's Class (Must be 1 on or before 8.1.26)

2's Class (Must be 2 on or before 8.1.26)

3's Class (Must be 3 on or before 8.1.26)

4's Class (Must be 4 on or before 8.1.26)

Attendance Preference (please check one):

I would like one day per week _____ (circle one) Monday Wednesday Friday

I would like two days per week _____ (circle two) Monday Wednesday Friday

I would like three days per week _____

Signature of Parent/Guardian

Date

For Office Use Only:
Apl #: _____
Days: _____ Class: _____
Allergies/Special Needs:

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Information: Child's Mother/Guardian
Mother's Name: _____

Address: _____

Home Phone: _____

Cellular #: _____

Place of Employment: _____

Work Phone: _____

E-mail: _____

Other Members of Mother's Household

Name:	Age:	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information: Child's Father/Guardian
Father's Name: _____

Address: _____

Home Phone: _____

Cellular #: _____

Place of Employment: _____

Work Phone: _____

E-mail: _____

Other Members of Father's Household

Name:	Age:	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Phone Numbers (This refers to someone other than the parents.)

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Doctor: _____

Phone: _____

Hospital Preference _____

Child lives with: _____

Is your child toilet trained? _____

Does your child have any special fears? _____

Signature of Parent/Guardian

Date

**Opportunity Day Preschool
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**2026 - 2027
Health Form**

A current copy of your child's immunization record MUST be submitted with this application.

Child's Name: _____

1. Does your child have any:
Allergies to medication? Yes _____ No _____

Physical restrictions? Yes _____ No _____

Dietary restrictions? Yes _____ No _____

If Yes to any of these, please describe:

2. Does your child take any medication on a regular basis? Yes _____ No _____

If Yes, please describe: _____

*I Authorize the Director or other personnel to continue this medication as per instructions.
(If yes, please provide detailed, written instructions.)

Parent/Guardian Signature

3. In case of emergency, and if all given contacts have been exhausted, I hereby give permission to the Opportunity Day Director to seek proper medical attention for my child, including transportation, if necessary. (Please complete the detailed Minor Participation Authorization attached).

Parent/Guardian (please print)

Parent/Guardian (please sign)

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Permission Slip

This permission slip pertains to those who are two years old or older by August 1, 2026.

_____ has my permission to go on neighborhood walks during the
2026 - 2027 school year

Signature of Parent/Guardian

Date

Photo/Media Release

I, _____, the undersigned parent / guardian of
_____, hereby consent that any audio recordings, videotapes and/ or photographs of
the above-named child may be used by Speedway Christian Church and Opportunity Day Preschool in their various
communications and promotional materials such as newsletters website, press releases, television or radio spots.
Furthermore, I hereby consent that such photographs and recordings and the media from which they are made shall be
their property, and they shall have the right to duplicate, reproduce, sell or make other use of them as they choose free
and clear of any claim on my part.

Signature of Parent/Guardian

Date

Facebook

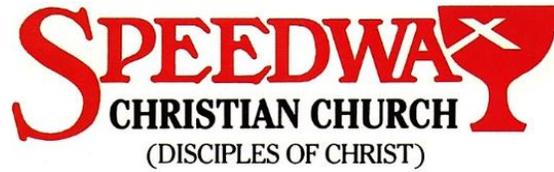
Opportunity Day has a Facebook page to promote better communication for parents. Please let us know your
preference regarding pictures on the preschool's Facebook page.

_____ Yes, my child's picture may appear on Facebook.

_____ No, I do not want my child's picture to appear on Facebook

Signature of Parent/Guardian

Date



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Minor Participation Authorization & Consent to Emergency Medical Treatment Form

I, the undersigned, certify that I am the parent or legal guardian of:

_____ (hereafter the
“minor child”).

I hereby give my consent to have my minor child participate in the following activity of Speedway Christian Church (hereafter “SCC”) and or Opportunity Day Preschool (hereafter “ODP”):

_____ Opportunity Day Preschool (ODP) _____.

(hereafter “the activity”) on or about: **August 2026 through May 2027.**

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release SCC or ODP, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless SCC and or ODP, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child’s participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this: _____ day of: _____, 2026.
(date) (month)

Signature _____

Printed Name _____

Opportunity Day Director/Caroline Cork: _____