

To secure your spot:

- \$175 registration fee
- Registration form
- Auto draft form

\$30 Supply Fee:

Auto drafted in July

Auto draft **REQUIRED** for all tuition and Early Bird**Office Use Only**

Registration fee: _____
 Form of payment: _____
 Date paid: _____
 Auto draft form: _____
 DHEC form: _____

Registration Form 2024-2025**Please circle your choice of days attending:**

Crib	Toddler	Twos	Threes	Fours
3 days, 4 days	3 days, 4 days	3 days, 4 days	3 days, 4 days	5 days
5 days	5 days	5 days	5 days	

Child's Name: _____ Name Used: _____

Gender: _____ Birthdate: Month _____ Day _____ Year _____

Home Address: _____

City, State, Zip: _____

Parent Contact Information

Mother	Father
Name: _____	Name: _____
Employer: _____	Employer: _____
Business Phone: _____	Business Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Are parents separated or divorced? _____ Is your child adopted? _____ Are they aware? _____

Are you a member of First Presbyterian Church? _____ Religious Affiliation (Optional): _____

Has your child attended preschool or day care previously? _____ Name of Center: _____

**Please list people allowed to pick up your child or people we may call (locally)
 in case of an emergency:**

Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Phone: _____	Phone: _____	Phone: _____

Is there anyone who is **NOT allowed** to pick up your child? If so, please explain:

(Please also fill out back side)

Name of siblings:	Age of siblings:

Name of Pets:	Dog / Cat / Other

An up-to-date Official DHEC Immunization record is required before all children can start.

General Health: _____

Does your child have: Allergies: _____ Asthma: _____ Diabetes: _____

Require an EpiPen _____ (We must have a current one to keep at school)

Other health issues? _____

Please indicate if your child receives services from BabyNet, speech, or other therapy /early intervention providers: _____

Pediatrician: _____ Phone: _____

***Children enrolled in Threes and Fours must be "potty independent" when school starts. Please initial _____**

Health Policy

We **cannot** admit your child when he or she is sick with illnesses including:

- Runny nose associated with a cold
- Diarrhea (even from teething)
- Nausea
- Fever
- Vomiting
- Lice

We reserve the right to not accept your child or to call you for immediate pick-up when your child is showing any of these symptoms.

Please make sure your child is "fever free" without Tylenol or Motrin for 24 hours prior to coming back to school.

- A current DHEC Immunization Form must be on file at all times. The form must be submitted prior to the start of school year and an updated form must be submitted when necessary.
Enrollment could be interrupted if the forms lapse.

Signature of Parent/Guardian: _____

Date: _____