

**PLEASE READ**  
**These Important Changes:**

- Your \$175 Registration Fee is due with this Registration Form. Please pay the \$175 at this QR Code or with a check.
- We have a new registration and tuition program, Blackbaud. You will receive information in May to create your Blackbaud portal.
- The \$40 Supply Fee will be added to your first month's tuition through Blackbaud.



FIRST PRESBYTERIAN CHURCH  
**WEEKDAY SCHOOL**

**Office Use Only**

Registration fee: \_\_\_\_\_  
 Form of payment: \_\_\_\_\_  
 Date paid: \_\_\_\_\_  
 DHEC form: \_\_\_\_\_

**Registration Form 2025-2026**

**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 daycare 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 the 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 here: \_\_\_\_\_**

### **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: \_\_\_\_\_