

Office Use Only:
D.R. _____
DHEC _____
CK # _____
Extra _____

**FIRST PRESBYTERIAN CHURCH WEEKDAY SCHOOL
2011/2012 REGISTRATION FORM**

**REGISTRATION FEE OF \$125.00 MUST ACCOMPANY YOUR REGISTRATION
FORM AND IS NON-REFUNDABLE.**

This fee covers basic classroom supplies, materials and insurance.

CIRCLE ONE CLASS: CRIB TODDLER TWOS THREES FOURS

CIRCLE DAYS OF THE WEEK ATTENDING: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

CHILD'S FULL NAME _____

NAME USED _____ SEX _____ BIRTHDAY: MO _____ DAY _____ YEAR _____

HOME ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ EMAIL _____

MOTHER'S NAME _____ **CELL PHONE** _____

EMPLOYER NAME & ADDRESS _____

WORK PHONE _____ WORK EMAIL _____

FATHER'S NAME _____ **CELL PHONE** _____

EMPLOYER NAME & ADDRESS _____

WORK PHONE _____ WORK EMAIL _____

PLEASE LIST NAMES AND BIRTHDAYS OF SIBLINGS:

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

FAMILY PET(S) _____ NAME(S) _____

PLEASE LIST TWO-THREE PEOPLE IN TOWN WE MIGHT CALL IN CASE OF AN EMERGENCY IF THE PARENTS CANNOT BE REACHED:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

PEDIATRICIAN _____ PHONE _____

WHO IS ALLOWED ON A DAILY BASIS TO PICK UP YOUR CHILD (Nanny, parent of other children, etc.)

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

GENERAL HEALTH _____ ROUTINE HABITS ESTABLISHED? YES ___ NO ___

PHYSICAL HANDICAPS: EYES _____ EARS _____ TEETH _____ NOSE _____ THROAT _____
HEART _____ SPEECH _____ OTHERS _____

IS YOUR CHILD RECEIVING ANY SERVICES FROM OUTSIDE AGENCIES SUCH AS SPEECH,
PHYSICAL THERAPY, ETC.? PLEASE EXPLAIN _____

ANY CHRONIC CONDITION YOUR CHILD HAS HAD _____ ALLERGIES YOUR CHILD HAS _____
(PLEASE ATTACH ANOTHER SHEET IF NEEDED)

ARE THERE ANY FACTORS THAT WOULD PROHIBIT FROM YOUR CHILD'S FULL
PARTICIPATION IN ALL AREAS OF THE PRESCHOOL PROGRAM? _____

ARE YOU MEMBERS OF FIRST PRESBYTERIAN CHURCH? ___ YES ___ NO

RELIGIOUS AFFILIATION (OPTIONAL) _____

PLEASE LIST ANY HOBBIES, INTERESTS, OR VOCATIONAL ACTIVITIES OF PARENTS THAT MIGHT BE
SHARED WITH YOUR CHILD'S CLASS: _____

ARE PARENTS DIVORCED? ___ SEPARATED? ___ IF SO HAS YOUR CHILD BEEN TOLD ABOUT
THIS? _____

IS THERE ANYONE WHO IS NOT ALLOWED TO PICK UP YOUR CHILD FROM SCHOOL? IF SO PLEASE
EXPLAIN _____

IS YOUR CHILD ADOPTED? _____ IF SO, IS YOUR CHILD AWARE OF THIS SITUATION? _____

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

- runny nose associated with a cold
- diarrhea or constant diarrhea (even if from teething)
- nausea
- fever
- vomiting

We reserve the right to not accept your child or to call you for immediate pick-up when you 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.**

For Crib, Toddler and Twos parents, each day as you sign in, please leave a number where you or someone that can come for you child can be reached. If your child is unable to go on the playground, please keep them at home.

****I understand and agree to follow the guidelines of the health policy.**

Parents Signature _____ Date _____

*****PLEASE ATTACH A CURRENT S.C. IMMUNIZATION RECORD SIGNED BY YOUR DOCTOR*** (A new one is needed with this application, even if no new shots have been given. A previous form from the 2010-2011 school year may not be accepted for the 2011-2012 school year.)**

EMERGENCY RELEASE FORM

In the event of an emergency where both parents or guardian cannot be reached, we give First Presbyterian Weekday School our authorization to seek prompt medical attention for your child. Authorization is also given to any medical care facility, doctor, hospital, nurse or any other organization administering medical care or health care services.

Child's Name _____

Parent's Signature _____

Dates effective _____

Date _____

(or) as long as child is in program _____

Fees for 2011-2012

First Presbyterian Church Weekday School

Registration for all Classes: \$125
(Yearly, Non-refundable)

Activity Fee- \$35 for 3's and 4's
(Covers Field trips costs- paid with first month's tuition)

Monthly Tuition (Paid by the 10th of each month)

<u>Crib & Toddlers</u>	<u>Twos</u> (3 days or 5 days) M-W-F or M-F	<u>Pre-Kindergarten 3's and 4's</u> (3 days or 5 days) M-W-F or M-F
1 Day- \$120		
2 Days- \$150		
3 Days- \$180	3 Day- \$195	3 Days \$195
4 Days- \$190		
5 Days- \$200	5 Days- \$220	5 Days- \$220

2011-2012 Registration Ages

Crib	September 1, 2010- March 1, 2011 Must be six months old by 9/1/11
Toddlers	September 1, 2009- August 31, 2010 Must be one by 9/1/11
2's	September 1, 2008- August 31, 2009 Must be two by 9/1/11
3's	September 1, 2007- August 31, 2008 Must be three by 9/1/11
4's	September 1, 2006- August 31, 2007 Must be four by 9/1/11

We will be happy to answer any questions that you may have. You may reach us by calling 208-2148. We look forward to hearing from you.