



# Application for 2018/2019 School Year Parent's Day Out & Kindergarten

## Student Information

Student's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Preferred Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

## Primary Family Information

Address: \_\_\_\_\_  
STREET CITY STATE ZIP COUNTY

Subdivision: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Siblings: \_\_\_\_\_  
PLEASE LIST NAMES AND AGES

## Parent's Information

Father's Name: \_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX

Preferred Name: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Employer: \_\_\_\_\_ Job title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX

Preferred Name: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Employer: \_\_\_\_\_ Job title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## Parent's Day Out Registration (Registration Fees are non-refundable. Registration is not complete unless submitted with a check.)

Check One	Class	Registration Fee	Monthly Tuition	Check the Day(s) Attending
	1 Day	\$100	\$90	Tuesday Thursday Friday
	2 Days	\$100	\$180	Tuesday Thursday Friday
	3 Days	\$100	\$270	Tuesday/Thursday/Friday

## Kindergarten Registration (Registration Fees are non-refundable. Registration is not complete unless submitted with a check.)

Check One	Class	Registration Fee	Monthly Tuition	Check the Day(s) Attending *Late Stay
	K3 Mon/Tues	\$145	\$145	Monday Tuesday
	K3 Wed-Fri	\$200	\$200	Wednesday Thursday Friday
	K4 Wed-Fri	\$200	\$200	Wednesday Thursday Friday
	K4 Mon-Fri	\$260	\$260	Mon. Tues. Wed. Thurs. Fri.
	K5	\$340	\$340	N/A

\*Late Stay Hours: 11:30 am-2 pm | Cost: \$10 per day

# Emergency Information

## Emergency Contacts (other than parents)

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## Medical and Emergency Information

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medicine Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Any Special Health Concerns: \_\_\_\_\_

If child should be hurt and parents or doctor cannot be reached, do we have permission to use our judgment in calling a doctor or sending child to the hospital?  Yes  No

## Pick Up Information (people authorized to pick up child from school other than emergency pickups)

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Notes: \_\_\_\_\_

## I understand... (please initial each)

Tuition is due on the first of each month and will be considered late after the fifth of the month. \_\_\_\_\_

Admission is granted as space is available and my child must be in good health and potty trained (3K-5K). \_\_\_\_\_

I must sign the illness policy and I must provide a SC Certificate of Immunization by the first day of school. \_\_\_\_\_

No refunds will be made for withdrawals or absences during the month. \_\_\_\_\_

I give Taylors First Baptist Church and Taylors First Pre-Academy permission to use my child's photograph and variations of my child's photograph in both print and media. Photos would be used only for Taylors First Pre-Academy promotion and for Taylors FBC history.  Yes  No

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_