



Application for 2019/2020 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. _____

*We no longer accept any new students with the Certificate of Religious Exemption.

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 _____