



Application for 2022/2023 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

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	\$150	\$110	Tuesday Thursday Friday
	2 Days	\$150	\$210	Tuesday Thursday Friday
	3 Days	\$150	\$300	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	\$160	\$160	Monday Tuesday
	K3 Wed-Fri	\$220	\$220	Wednesday Thursday Friday
	K4 Wed-Fri	\$220	\$220	Wednesday Thursday Friday
	K4 Mon-Fri	\$290	\$290	Mon. Tues. Wed. Thurs. Fri.
	K5	\$365	\$365	N/A

*Late Stay Hours: 11:30 am-2 pm | Cost: \$15 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, September - May, 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.

_____ 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 video and variations of my child's photograph and video 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 _____