



KILBOURNE PARK BAPTIST CHURCH PRESCHOOL

4205 Kilbourne Road • Columbia, SC 29206
Telephone: (803) 787-3372 • Fax: (803) 787-3379
Stephanie Pantoja, Director: stephanie@kilbournepark.org

2021-2022 APPLICATION FOR 5K ADMISSION

Application Status:

- My child is currently enrolled in KPBC Preschool.
- My child's sibling is currently enrolled in KPBC Preschool.

Application to Enter:

- 5K (M-F \$325)*

*Tuition covers your child's care from 8:30am – 12pm.

We offer Early Care (8am – 8:30am) and Extended Care (12pm – 3pm) at a rate of \$7/hour. Two or more children will be charged for extended care at a rate of \$6/hour.

***A \$50 supply fee per child will be billed to your account in September and January.**

CHILD INFORMATION:

Full name _____ Date of Birth _____
(First) (Middle) (Last)
 Preferred Name _____ Sex _____
 Street Address _____ Zip Code _____

FAMILY INFORMATION:

Mother's Name _____
 Cell _____ Work _____
 Email _____
 Employer Name and Address _____
 Father's Name _____
 Cell _____ Work _____
 Email _____
 Employer Name and Address _____
 Church Membership _____

REGISTRATION GUIDELINES

1. \$150 registration fee is non-refundable. You will be billed a \$50 supply fee per child in September and January.
2. An immunization certificate showing your child is current with all vaccinations is required by DHEC the first day of school. Immunizations must be kept current throughout the school year or we are required to ask you to withdraw your child.
3. I give Kilbourne Park Preschool permission to photograph and post pictures of my child on the Kilbourne Park Preschool social media pages.

_____ Initial – **I have read and understand the guidelines listed above.**

OFFICE USE ONLY:

Date enrolled _____ Registration paid - ck # _____ SC Cert of Imm _____

South Carolina Department of Social Services
 Child Care Regulatory Services
**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
 TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____ Select County ...

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship

Address: _____
Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship

Address: _____
Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: **Mon** **Tue** **Wed** **Thurs** **Fri** **Sat** **Sun**

Check all meals Child will receive daily: **Meals are not offered** **Breakfast** **Morning Snack** **Lunch**

Afternoon Snack **Dinner** **Evening Snack**

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone