



# KILBOURNE PARK BAPTIST CHURCH PRESCHOOL

4205 Kilbourne Road • Columbia, SC 29206

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## 2021-2022 APPLICATION FOR INFANTS TO THREES ADMISSION

### Application Status:

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

### Application to Enter:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Infants (M-F \$310)* | <input type="checkbox"/> Infants (MWF \$260)* | <input type="checkbox"/> Infants (T/Th \$235)* |
| <input type="checkbox"/> Ones (M-F \$295)*    | <input type="checkbox"/> Ones (MWF \$250)*    | <input type="checkbox"/> Ones (T/Th \$225)*    |
| <input type="checkbox"/> Twos (M-F \$295)*    | <input type="checkbox"/> Twos (MWF \$250)*    | <input type="checkbox"/> Twos (T/Th \$225)*    |
| <input type="checkbox"/> Threes (M-F \$295)*  | <input type="checkbox"/> Threes (MWF \$250)*  | <input type="checkbox"/> Threes (T/Th \$225)*  |

\*Tuition covers your child's care from 9am – 12pm.

We offer Early Care (8am – 9am) and Extended Care (12pm – 3pm) at a rate of \$7/hour for your first child. Two or more children will be charged for extended care at a rate of \$6/hour.

**\*A \$25 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**

- \$150 registration fee is non-refundable. You will be billed a \$25 supply fee per child in September and January.
- Children entering the 3-year-old program MUST be potty trained.
- 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.
- 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