



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

"So that you may live a life worthy of the Lord and please Him in every way." Colossians 1:10

2022-2023 APPLICATION FOR 4K ADMISSION

Application Status:

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

Application to Enter:

- 4K (M-F \$310)*

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

*We offer Early Care (8am – 9am) and Extended Care (12pm – 3pm) at an additional rate.

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 _____

REGISTRATION GUIDELINES:

1. \$170 registration fee is due at the time of registration; it is non-refundable.
2. \$25 supply fee per child will be added to your September and January invoice.
3. 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.
4. 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 _____

EMERGENCY: If parents cannot be located, in case of illness or accident, notify:

- 1. Name _____ Relationship _____
Phone Number _____
- 2. Name _____ Relationship _____
Phone Number _____

If medical assistance is required, it is requested that the following physician or dentist be notified:

Physician _____ Phone Number _____
Address _____
Health Insurance Provider _____ Id/Grp # _____
Dentist _____ Phone Number _____
Address _____

List any known allergy your child has: _____

MEDICAL TREATMENT RELEASE FORM

I give permission for medical treatment of my child, _____, by a doctor and/or hospital in case of an emergency when neither parent(s) nor person(s) listed as emergency contacts can be reached.

I hereby authorize the Director or Assistant Director of Kilbourne Park Baptist Church Preschool to execute any and all documents including any necessary releases on my behalf, which might be required, by any medical facility or physician to perform any emergency care, on account of any accident or illness sustained or incurred by my child, named above, while attending Kilbourne Park Baptist Church Preschool.

I further agree that in consideration of my child's attending Kilbourne Park Baptist Church Preschool, I will hold Kilbourne Park Baptist Church Preschool, and its agents and servants, harmless from any action by me or my child on account of any injury or damage sustained or suffered by my child while attending Kilbourne Park Baptist Church Preschool or Field Trips.

I certify that my child, named above, is in good health and requires no special medical care or treatment while at Kilbourne Park Baptist Church Preschool.

PARENT'S SIGNATURE

DATE

Below is a list of additional relatives/sitters who have permission to pick up my child:

Name _____ Phone Number _____
Name _____ Phone Number _____
Name _____ Phone Number _____