



KILBOURNE PARK BAPTIST CHURCH PRESCHOOL

4205 Kilbourne Road • Columbia, SC 29206

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2023-2024 APPLICATION FOR 3K ADMISSION

Application Status:

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

Monthly Tuition September-May:

- Threes (M-F \$320)* Threes (MWF \$275)* Threes (T/Th \$250)*

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. \$180 registration fee is due at the time of registration; it is non-refundable.
2. \$40 supply fee per child will be added to your September and January invoice.
3. Children entering the 3-year-old program MUST be potty trained.
4. Kilbourne Park Toilet Training Policy must be signed and on file.
5. 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.
6. 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 _____
- Name _____ Phone Number _____



Kilbourne Park Preschool Toilet Training Policy

Children enrolled in our 3K preschool program are required to be toilet trained before attending preschool. Children must be wearing underwear. A child having accidents daily would not be considered toilet trained. Please note that wearing pull ups is NOT considered toilet trained, therefore children in our 3K preschool program may not wear pull-ups or any other kind of diaper to school.

Why do children have to be toilet trained before they begin preschool?

- There are strict standards for changing and disposing of wet or soiled diapers/pull ups and our classrooms are not equipped for this.
- When an adult is busy changing a child's soiled clothing, it is taking away from learning time for all students and it removes one adult from the direct supervision of and interaction with the rest of the class.

We do understand that even toilet trained children will occasionally have accidents. By definition, "accidents" are unusual incidents and should happen infrequently. In these instances, the teachers will help children to change their clothes, encouraging independence as much as possible.

A toilet trained child is a child who can do the following:

- Communicate to the teachers that he/she needs to go to the restroom before they need to go
- Alert him/herself to stop what he/she is doing, to go and use the bathroom
- Pull down his/her clothes and get them back up without assistance
- Wipe him/herself after using the toilet
- Get on/off the toilet by him/herself
- Wash and dry hands
- Postpone going if they must wait for someone who is in the bathroom or if we are away from the classroom

We certainly will ask your child many times throughout the day if they need to use the bathroom. Children should be able to complete toileting activities independently. This is an issue which protects all concerned.

It is not uncommon for a child who is fully toilet trained to have a setback when he/she is in a new environment. Preschool staff are aware of this and will assist the children when necessary. Please have your child dressed in clothing that he/she can easily manage independently. Please send a complete change of clothes appropriate for the season. These will be left at school in case of accidents and returned at the end of the school year. Parents will be notified if a child has a toileting accident.

We understand that each child arrives at this milestone differently, therefore we will allow 4 weeks from the first day of school for your child to demonstrate accomplishment of this goal. However, if the situation is not manageable within the classroom environment, we will discuss the issue with the parents and reserve the right to suspend attendance of the child at such time.



Kilbourne Park Preschool Toilet Training Policy (Continued)

A child will not be considered toilet trained for our preschool program if the child continues to consistently have toileting accidents after the first 4 weeks of school.

After the first 4 weeks of school, the following policies will be in place for children who have accidents:

- If one or two accidents occur in one week, the parents will be notified with the understanding that the issue needs to be addressed and corrected.
- If three or more accidents occur in one week, the parent will be notified with the understanding that if the issue is not corrected by the end of the second week the child will have to stay home at least one week or longer until he/she is completely toilet trained.
- If multiple accidents occur in one day, the parent will be notified on that day; and if not corrected by day three, the child will have to stay home at least one week or longer until he/she is completely toilet trained.

Please note that this policy is not in place to shame or punish a child or inconvenience primary caregivers. Rather, cleaning accidents in the preschool setting is time consuming, and this time that teachers spend attending to and cleaning accidents is time that they are not spending interacting with children and facilitating the curriculum in a safe manner. This policy is intended to ensure the safety and happiness of children and staff at the Kilbourne Park Preschool.

Thank you for your cooperation and understanding.

PLEASE SIGN AND DATE BELOW INDICATING THAT YOU HAVE RECEIVED & REVIEWED THE KILBOURNE PARK PRESCHOOL TOILET TRAINING POLICY:

PLEASE RETURN THE BOTTOM PORTION OF THIS TOILET TRAINING POLICY

I HAVE RECEIVED AND REVIEWED THE KILBOURNE PARK PRESCHOOL TOILET TRAINING POLICY:

CHILD'S NAME: _____

PARENT'S SIGNATURE: _____

DATE: _____

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: _____

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

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee