

Lowcountry Day Christian Preschool ~ Application for Enrollment

Start Date _____

Child's Last Name First Name MI Nickname

Date of Birth Age Sex Home Phone

Mailing Address City Zip

Mother's Name Father's Name

Mother's Employer Hours Father's Employer Hours

Mother's Email Address Father's Email Address

Cell Number Work Number Cell Number Work Number

Please list any special needs, medical conditions, behavior concerns, or allergies: _____

I/we give permission for Ms. Kim or the acting director to speak with my child's physician if needed, in the best interest of my child.

Physician/Primary Medical Provider Phone Number

Please list two additional (**LOCAL**) people who are authorized to pick up your child from our facility ~ and who may be contacted in case of an emergency:

Name and relationship to child Daytime Phone Cell number

Name and relationship to child Daytime Phone Cell number

Along with this application, please bring in a non-refundable \$55 application fee. Upon enrollment additional forms will be required (immunization record- on the SC state form, copy of child's birth certificate, signed parent handbook, signed payment plan agreement, first & last week payments). By Signing this form, Parent/Guardian agrees to all polices and terms of the Parent Handbook.

Parent/Guardian Signature Date

-----For office use only-----

Registration Paid _____ 1st Week Paid _____ Deposit Paid _____ Cot _____ Handbook _____

LOWCOUNTRY DAY REGISTRATION/ENROLLMENT QUESTIONNAIRE

Child's Name _____ Nickname _____

I have _____ brothers and _____ sisters, their names and ages are:

Does your child have any health problems () yes () no. If yes, describe:

Does your child need regular medication? () yes () no. If yes, what and when is it given?

Does your child have any known allergies? () yes () no. If yes, please list allergens:

Special instructions in case of an allergic reaction: _____

Does your child have any physical or mental disabilities? () yes () no. If yes, explain:

Does your child have any special needs or behavior concerns? () yes () no. Explain: _____

Do you have a back-up plan if your child becomes ill and must be picked up or ill and cannot attend? () yes () no

Has your child been in childcare before? () yes () no. If yes, what type?

Program of interest: _____ Infant (0 ~ 1)
_____ Toddler (2 ~ 3)
_____ Preschool (3 ~ 5)
_____ Camp (Kindergarten ~ 3rd Grade)
_____ Elementary School Attending _____

_____ I hereby understand that there is a non-refundable registration/waiting list fee that must be remitted in order to register or place my child on the waiting list.

_____ I understand that I will be contacted in the order of waiting list received. If placement is offered and not accepted, I understand that I will be removed from the waiting list.

I know that there are two locations and my preference is:

_____ 285 Red Cedar Street / Camp Lowcountry Day

_____ 357 Red Cedar Street / Lowcountry Day

_____ Either Location

Non-refundable Registration/Waiting List Fee:

\$55.00 for each child registered or to be put on waiting list.

Signature

Date