

Lowcountry Day Christian Preschool ~ Registration for Enrollment Start Date _____

Child's Last Name First Name MI Nickname

Date of Birth or Due Date Age Sex Home Phone

Mailing Address City Zip

Custodial Parent or Guardian Name Parent or Guardian Name

Parent Employer Hours Parent Employer Hours

Parent Email Address Parent 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 the acting directors 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/EMERGENCY CONTACTS**) people who are authorized to pick up your child from our facility. ~ This is mandated by the State of South Carolina Department of Social Services:

Name and relationship to child Daytime Phone Cell number

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Along with this application, please bring in a non-refundable \$75 registration fee. Upon enrollment additional forms will be required (immunization record- on the SC state immunization certificate, 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

OVER →

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

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



LOWCOUNTRY DAY REGISTRATION/ENROLLMENT QUESTIONNAIRE

(Please read carefully and complete all necessary info)

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

Does your child have any known allergies or health problems? () yes () no. If yes, please explain:

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

Special instructions in case of an allergic reaction: _____

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

Does your child have any special needs or behavior concerns such as tantrums, light sensitivity, noise sensitivity, or sensory issues? () yes () no. If yes, please explain: _____

Has your child previously or currently had any therapy, such as speech, occupational, or physical? () yes () no. If yes, what type and frequency _____

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

If registering for the After School Program (Pre-K ~ 3rd Grade)

Elementary School Attending _____

_____ I hereby understand that there is a **NON-REFUNDABLE REGISTRATION/waiting list fee of \$75** that must be paid in order to register or place my child on the waiting list.

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

_____ I understand I must give a written 2 Week Withdrawal Notice, as described in the Parent Handbook.

_____ I understand that my child will eat from Lowcountry Day's cafeteria unless there is a medical documented food allergy/condition, that requires the child to bring a special lunch. This allergy/condition must be documented by a physician, and kept on file in our office.

Normal attendance is 9 hours daily. Primary hours of care needed (Time) _____ to _____. If your attendance averages more than 50 hours per week, an additional charge of \$10 per hour will apply.

NON-REFUNDABLE REGISTRATION/Waiting List Fee: \$75.00 for each child registered/waiting list.

Signature

Date

285 Red Cedar St. * Bluffton, SC 29910 * Phone: (843) 815-2273 * Fax: (843) 815-2272

357 Red Cedar St. * Bluffton, SC 29910 * Phone: (843) 815-2271 * Fax: (843) 815-3271