

Lowcountry Day Christian Preschool ~ Registration Form

Start Date_____

Child's Last Name First Name MI Nickname or Preferred Name

Date of Birth or Due Date Age Sex Home Phone

Mailing Address City Zip

Custodial Parent/Guardian Name Custodial Parent/Guardian Name

Employer Hours Employer Hours

Email Address 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

(Required) Please list two additional **LOCAL EMERGENCY CONTACTS** 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

Name and relationship to child Daytime Phone Cell number

(Optional) Alternative names that have permission to pick up with show of their ID:

Upon enrollment, you will be charged a \$125 non-refundable registration fee and additional forms will be required (immunization record- on the SC state immunization certificate, signed parent handbook, signed payment plan agreement, first week payment).

Parent/Guardian Signature Date

OVER →



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, please state the school's name: _____

_____ I understand that there is a non-refundable registration fee of \$125 due upon enrollment.

_____ I understand Additional forms will be required for enrollment, such as immunization records on DHEC form, signed parent handbook, signed payment plan agreement and first week payment.

_____ 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 if one year of time has lapsed in which I have not contacted LCD Schools, my spot on the waitlist will be terminated and I will need to reapply.

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

_____ I understand by signing this form, Parent/Guardian agrees to all policies and terms of the Parent Handbook.

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 \$15 per hour will apply.

Signature

Date