

Kelleytown Baptist KINDERGARTEN

Jesus said, "Let the little children
come to me." Matthew 19:14

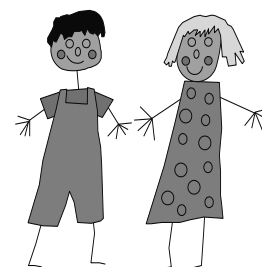
2019-2020 Registration Packet

- Currently enrolled students & church members' 2019-2020 registration applications will be accepted beginning Monday, January 21, 2019.
- On Monday, February 4, registration will be opened to the public.
- Space is limited in each class so admission is on a first come basis. Even if your child is already enrolled in our school, it is necessary to register for next year.
- Please complete the attached application and return it to your child's teacher or the church office. The application must be filled out completely.
- Please remember that **the registration fee must be returned with the application for your child to be officially enrolled for next year.**
- Make checks payable to Kelleytown Baptist Church Kindergarten.



Please note:

ALL REGISTRATION FEES ARE NON-REFUNDABLE



2609 Kelleytown Road Hartsville, SC 29550 843-332-8092

KELLEYTOWN BAPTIST KINDERGARTEN
Registration For Admission 2019-20

Child's Full Name _____

Name Child Goes By _____

Date Of Birth _____ Present Age _____ GENDER: Male OR Female _____

Address _____

City /State /Zip Code _____

Parent's Names _____ Home Phone _____

Parent's Martial Status: (check one)

MARRIED _____ SEPARATED _____ DIVORCED _____ SINGLE PARENT _____

Father's Place of Employment _____

Work Phone _____ Mobile Phone _____

Mother's Place of Employment _____

Work Phone _____ Mobile Phone _____

Name of others living in household:

CHURCH AFFILIATION:

Does Father attend church? Yes ___ or No ___ If so where? _____

Does Mother attend church? Yes ___ or No ___ If so where? _____

Does child attend Sunday School? Yes _____ No _____

EMERGENCY INFORMATION

Child's Doctor _____ Phone _____

In case of emergency and parents cannot be reached, the following people can be contacted *(please give relationship to child)*

1) _____ (Relationship) _____ (Phone) _____

2) _____ (Relationship) _____ (Phone) _____

3) _____ (Relationship) _____ (Phone) _____

MEDICAL HISTORY OF CHILD

Please attach a copy of the South Carolina Certificate Of Immunization for your child to this application.

Any evidence of hearing difficulties? Explain _____

Any evidence of vision difficulties? Explain _____

Speech disabilities? Explain _____

Allergies (food, medicine, etc.)? Explain _____

Other? Explain _____

Behavior Issues _____

FAMILY SITUATION:

Family information that would be helpful to kindergarten teacher in understanding your child and his/her needs:

List methods of discipline used with your child:

CHILD'S FAVORITES:

FOOD _____	COLOR _____	ANIMAL _____
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INTERACTING ABILITIES:

Does your child play well with other children? Yes _____ No _____

How does your child react when he/she does not get his/her way? _____

SOCIAL AND PHYSICAL GROWTH:

Is your child . . .

1. Right or left handed?	6. Does he/she talk well?
2. Well coordinated?	7. Unusual fears?
3. Unusual habits?	8. Shy?
4. Impulsive?	9. Domineering?
5. Excitable?	10. Restless?

What problem(s) does your child have that concern you most?

PLEASE CHECK THE CLASS PREFERENCE:

<u>CLASS</u>	<i>NON-REFUNDABLE</i> <u>REGISTRATION FEE</u>	<u>TUITION PER MONTH</u>
_____ Toddlers (5 day)	\$120.00	\$140.00
_____ 2 year olds (5 day)	\$120.00	\$140.00
_____ 3 year olds (5 day)	\$120.00	\$140.00
_____ 4 year olds (5 day)	\$120.00	\$150.00
_____ 5 year olds (5 day)	\$120.00	\$150.00
_____ Early-Bird Care (Begins at 8:00am)	N/A	\$2.00 per day

*There is a \$10.00 discount per family in the monthly tuition if there is a sibling also attending KBC Kindergarten program.

Kelleytown Baptist Kindergarten does not discriminate against applicants and students on the basis of race, color, and national or ethnic origin.

PLEASE NOTE THE FOLLOWING:

1. Please attach a recent photograph of your child to the application in the designated area.
2. The ***NON-REFUNDABLE*** Registration Fee should be attached to this application. The fee is used to buy supplies for the year.
3. Tuition is as indicated above and is payable by the 10th of every month. **A LATE FEE OF \$10.00 will be assessed if TUITION is not paid by the 10th of every month unless special arrangements have been made.**
4. Your child will not be considered officially enrolled until the application and ***NON-REFUNDABLE*** Registration Fee are received.
5. The child must have obtained the **class age** for the preferred class **by September 1, 2019.**
6. All checks will be made payable to **Kelleytown Baptist Kindergarten.**

FIELD TRIP PERMISSION and PICTURE PERMISSION

My child, _____, has permission to travel with the Kelleytown Baptist Kindergarten children to and from all field trips during the school calendar year of 2019-2020. I will not hold the driver, the owner of the vehicle, or the church responsible or liable for any accident that may occur. Further, I grant permission for my child's picture to appear in a local newspaper, KBK Facebook page or publication as the opportunity presents itself during the school calendar year of 2019-2020.

PARENT'S SIGNATURE _____ DATE _____

If permission is not granted as stated above, please outline below the reason for not signing.

DAY CARE INFORMATION

MY CHILD WILL BE PICKED UP AFTER SCHOOL BY:

1.	Parent (s)	Color / Make / Model of Vehicle
	_____	_____
	_____	_____
2.	Day Care Facility	Telephone Number
	_____	_____
3.	Other Persons	Color / Make / Model of Vehicle
	_____	_____
	_____	_____
	_____	_____

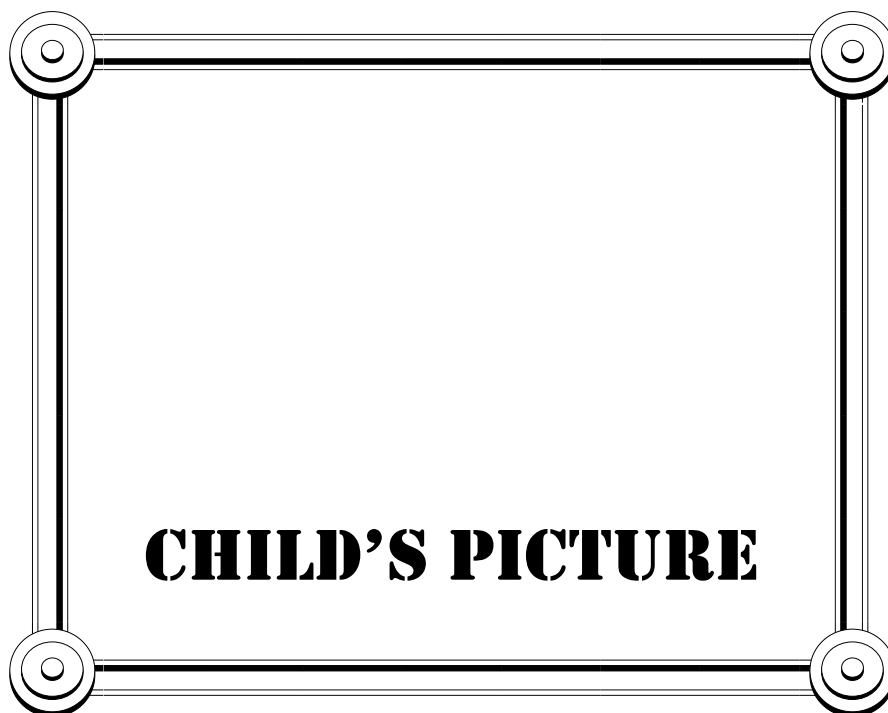
IF ANY CHANGES OCCUR IN THE AFOREMENTIONED INFORMATION, I WILL IMMEDIATELY NOTIFY MY CHILD'S TEACHER BY CALLING OR SENDING A NOTE.

FURTHER, I HAVE READ AND UNDERSTAND THE GUIDELINES AS OUTLINED IN THIS APPLICATION AND VERIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Parent's Signature

Date

Kelleytown Baptist Kindergarten
2609 Kelleytown Road
Hartsville, SC 29550
843-332-8092 (Office)
Email: Tammy@kelleytownbc.com



Kelleytown Baptist Kindergarten Agreement / Medical Consent Form

2609 Kelleytown Rd, Hartsville, SC 29550

(843) 332-8092

This agreement form will be used from August 2019 to May 2020

Name: _____ SS # _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ Work #: _____

Parent / Guardian: _____ Cell # or Pager #: _____

If not available in case of emergency, notify:

Name: _____ Phone: _____

or/ Name: _____ Phone: _____

Is your child allergic to ANYTHING: YES or NO (If yes please explain)

Does your child have any medical or health problems: YES or NO

(explain also, list any type of medication he or she is taken & what time to take it)

Name of Family Physician: _____

Phone: _____ Name of Insurance Co: _____

Policy Number of Insurance Co: _____

Name of Policy Holder: _____ Phone Ins. Co: _____

Copy of front & back of insurance card must be attached to this form.

By signing below, you will be in agreement that you do not hold Kelleytown Baptist Church responsible for any bodily or personal injury sustained during activity, except gross negligence on part of the sponsor such as: fault of business or ownership.

In the event – I give my permission to the Kindergarten Faculty or the Staff of Kelleytown Baptist Church to obtain the services of a licensed physician. Reasonable efforts will be made to contact parent / guardian in case of such an emergency. YES or NO (If No – please explain).

Parent / Guardian Signature: _____

Relationship to Child: _____ Date: _____

****PLEASE ATTACH COPY OF BIRTH CERTIFICATE , SHOT RECORD AND SOCIAL SECURITY CARD**