

Immun. Copy\_\_\_\_\_ Birth Cert.\_\_\_\_\_ Reg. Fee\_\_\_\_\_ Cash\_\_\_\_\_ Check#\_\_\_\_\_
Date Received\_\_\_\_\_ Receipt Given\_\_\_\_\_ Sent to Office\_\_\_\_\_
New Student\_\_\_\_\_ Returning Student\_\_\_\_\_

Swansea First Baptist Weekday Preschool
Registration Form
2015-2016

Child's Name\_\_\_\_\_ Boy or Girl
Child's Birth Date\_\_\_\_\_ Child's Age(as of 9/1)\_\_\_\_\_
Address\_\_\_\_\_ City\_\_\_\_\_
Zip Code\_\_\_\_\_ Home Phone Number\_\_\_\_\_

Is your child potty trained? (circle one) Yes or No

Note: each child must be potty trained prior to entering the 3 or 4 year old class.

Allergies and other pertinent medical information:

Two horizontal lines for writing allergies and medical information.

Parents or Guardian Information

Mother's Name\_\_\_\_\_ Mother's Phone\_\_\_\_\_
Mother's Employer\_\_\_\_\_ Work #\_\_\_\_\_
Cell or Pager Number\_\_\_\_\_

Father's Name\_\_\_\_\_ Father's phone\_\_\_\_\_
Father's Employer\_\_\_\_\_ Work #\_\_\_\_\_
Cell or Pager Number\_\_\_\_\_

Emergency Contact Persons

Please list at least one person other than child's parents.

Table with 3 columns: Name, Phone #, Relationship. Includes three horizontal lines for data entry.

## Other Persons Allowed to Pick Up Your Child

At times it may be necessary for someone other than a parent to pick up your child from SFBWP. For security reasons we will not release your child to anyone without first having verbal and/or written notice from a parent or regular caregiver. The first time that person picks up your child we will also request to see photo ID before releasing your child to that person. Please list below the names and relationships of persons allowed to pick your child up from SFBWP.

Name	Phone#	Relationship
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## Persons Who Will Regularly Bring and Pick Up Your Child (if other than parents)

Name	_____	Phone#	_____
Address	_____	Relationship	_____

**Please make note of anyone who is NOT allowed to pick up your child !!!!**

Name	Relationship
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Note: Registration Fees are used for staff training, educational supplies, craft supplies, etc.

Parent

Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Information for your child's teacher: \_\_\_\_\_

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**Monthly tuition rates, September through May: \$215.00 per month  
All ages and all classes : Monday - Friday 9 am-12 noon**

Registration is accepted on a first come, first served basis. If space is available, your child's space will be reserved upon receipt of this form and registration fee; OR your child's space will be placed on a waiting list upon receipt of this form; however, registration is not complete until we have received all of the following: (1) this form, (2) registration fee, (3) copy of birth certificate, and (4) immunization certificate.

**We are looking forward to serving your family!  
Swansea First Baptist Church  
P.O. Box 550  
Swansea, SC 29160**

**Any questions please feel free to call to call  
Preschool Director  
Cindy Grimsley  
803-542-4869**