

STEPS TO REGISTER FALL 2017

1. **Read** thoroughly the brochure of rate information. Look especially for the class and rate information of the program of your interest.
2. **Complete** all enclosed forms. In this packet you should have:
 - Registration / emergency form
 - DSS form 2900
 - Parent agreement / Medical release form – to be notarized **prior** to registration (Renee is a notary)
 - Immunization certificate: get your child's current file copy from Renee **prior** to registration or get an original from child's doctor or health department 864-372-3270 Immunization Dis - Region 2 P.O. 2507 University Ridge Greenville, SC 29602 (sometimes takes 72 hours)
 - Brochure with rates and class schedules
3. You may register **only for your own children**. If you arrive early, take note of who comes in after you. So that we may fairly take your registration in the order of your arrival, registration NUMBER CARDS will be available at 8:30am. All spots are on a first come basis.

Teacher assignments are made during the summer. We will balance class ratios: boys to girls – and personality make-up of the class before we consider any requests.

Thank you for your cooperation in this matter.

Cindy Haithcock

<p>Kindergarten (3,4,5) & Late Stay Registration Registration Fee = 1 months (K) tuition K3-2day \$135, K3-3day \$190 K4-3day \$190, K4-5day \$250 K5-5day \$300</p> <p>ALL K3 children must be completely potty trained when school begins. Must also be age 3 by Sept. 1st. <i>Registration fees non refundable</i></p> <p style="text-align: center;">Registration times: 9am – 11am</p> <p>Church Families –by January 18, 2017 – WEE office Enrolled families – January 19, 2017– room A106 Open to Public – February 1, 2017 –room A106</p>	<p style="text-align: center;">MDO Registration Registration Fee \$100 / 1 day per week \$200 / 2 or more days per week</p> <p style="text-align: center;">birthdates 9-1-14 and younger must be age 5 months to begin <i>Registration fees non refundable</i></p> <p style="text-align: center;">Registration times: 9am – 11am</p> <p>Church Families –by January 18, 2017 – WEE office Enrolled families – January 19, 2017– room A106 Open to Public – February 1, 2017 –room A106</p>
--	---

4. The Parent agreement / Release form needs to be notarized. Renee (WEEKDAY Secretary can do this for you **before** your day of registration)
5. **PLEASE HAVE THE PACKET INFORMATION COMPLETED WHEN YOU ARRIVE.**
6. Make checks payable to EDWARDS ROAD BAPTIST CHURCH WEEKDAY with notation at bottom for type registration (K or MDO) – **Please have correct change if paying cash.** Unable to accept credit card.

Questions – Contact Cindy or Renee – 864-292-0194, fax 864-770-0304
 e-mail rblackwelder@erbc-sc.org Our website www.edwardsroadpreschool.org

ERBC WEEKDAY PROGRAM

2017 2018

Office use
Class: _____
Date: _____

Edwards Road Baptist WEEKDAY

1050 Edwards Road * Greenville, SC * 29615 * (864-292-0194)

www.edwardsroadpreschool.org

facebook.com/erbcpreschool

rblackwelder@erbc-sc.org

Registration / Emergency Form

DSS registration #266

Year begins **September 5, 2017** thru **May 23, 2018** (We follow Greenville County schedule during year)

_____ / _____ / _____ () _____ - _____ - _____
Child's last name First Name Middle Name Sex Child's Date of birth

other children in family –list additional siblings on back

Child's name _____ () _____ - _____ - _____ Sex Date of birth	Child's name _____ () _____ - _____ - _____ Sex Date of birth
Child's name _____ () _____ - _____ - _____ Sex Date of birth	Child's name _____ () _____ - _____ - _____ Sex Date of birth

Circle program and days child will attend: Edwards Road Baptist Church Weekday admits students of any race, color and national or ethnic origin

<p>MDO 9am – 2pm</p> <p>Registration = \$100 (\$200 max)</p> <p>Classes operate September thru May Registration fees non refundable</p> <p>Circle choices</p> <p>M\$100mo T\$100mo R\$100mo F\$100mo</p>	<p>Kindergarten 9am – 12pm</p> <p>Registration = 1 month tuition</p> <p>Classes operate September thru May Registration fees non refundable</p> <p>K3MWF \$190 * K3Tu / Th \$135</p> <p>K4 (5 day) \$250 * K4MWF\$190 * K4TRF\$190 *</p> <p>K5 (5day) \$300</p>	<p>Late Stay</p> <p>12pm – 2pm \$9 daily</p> <p>Circle choices</p> <p>M Tu W Th F</p>
---	---	--

Parent Information

MOM: _____ date of birth _____ - _____ - _____	DAD: _____ date of birth _____ - _____ - _____
Mom's e-mail _____	Dad's e-mail _____
Mom's cell # _____ - _____ - _____ carrier for texting : ATT, T-Mobile, Sprint, Verizon, other _____	Dad's cell # _____ - _____ - _____ carrier for texting : ATT, T-Mobile, Sprint, Verizon, other _____
Mom's occupation _____	Dad's occupation _____
Mom's employer _____	Dad's employer _____
Mom's Driver's license# _____	Dad's Driver's license# _____
Member of any church? _____ YES _____ NO	Member of any church? _____ YES _____ NO
Name of church mother attends _____	Name of church father attends _____

Authorized pick-up #1 / Emergency contact – other than parent Name _____ Phone _____ Relationship to child _____ Drivers License # _____	Authorized pick-up #2 / Emergency contact – other than parent Name _____ Phone _____ Relationship to child _____ Drivers License # _____
--	--

date _____ - _____ - _____

Comments _____

GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD CARE FACILITY

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: EDWARDS ROAD BAPTIST WEEKDAY County: Greenville

Address: 1050 Edwards Road Greenville, SC 29615
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

_____ **Authorized pick-up**
Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

_____ **authorized pick-up**
Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** 9am am/pm **TO** 12pm or 2pm am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch
 Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

EDWARDS ROAD BAPTIST WEEKDAY
Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

Parent Agreement / Release Form (to be notarized)



Medical Release – (for each registered child)

I hereby authorize Edwards Road Baptist Church Weekday Early Education program staff to secure medical attention for my child, _____ in case of serious illness or accident. I will assume full cost of said medical treatment and will not hold Edwards Road Baptist Church or the Weekday Early Education Program financially responsible for these costs. I do hereby release Edwards Road Baptist Church, Weekday Early Education Program, their staff and/or volunteers from any and all claim and liabilities of whatsoever nature both individually and collectively, that may arise from my child participating in activities at the Weekday Program of Edwards Road Baptist Church.

K4 & K5 CHILDREN ONLY



Field Trip Release

I UNDERSTAND THAT SPECIAL TRIPS ARE PLANNED FOR THE CHILDREN AWAY FROM THE CENTER THROUGHOUT THE SCHOOL YEAR. I AM AWARE THAT I WILL BE SIGNING A PERMISSION FOR EACH EXCURSION AS IT IS TO OCCUR AND THAT EACH TRIP WILL BE CAREFULLY ARRANGED AND SUPERVISED BY AN ADEQUATE NUMBER OF ADULTS. I AM WILLING TO ASSUME THE RESPONSIBILITY FOR MY CHILD, _____ TO PARTICIPATE WITH THE EDWARDS ROAD BAPTIST CHURCH WEEKDAY EARLY EDUCATION PROGRAM ON THESE TRIPS.

_____ YES _____ NO

PHOTOGRAPHS taken of my child at Edwards Road Baptist WEEKDAY may be published in any of the WEEKDAY or Church literature, newsletters, WEBSITE, etc...



- _____ YES _____ NO

You have my permission to publish for classmate parents (e-mail / phone)



Share e-mail? _____ NO _____ YES e-mail address _____

share Phone #? _____ NO _____ YES phone # _____ - _____ - _____

EDWARDS ROAD BAPTIST CHURCH WEEKDAY PROGRAM ADMITS STUDENTS OF ANY RACE, COLOR, AND NATIONAL OR ETHNIC ORIGIN. DSS REGISTRATION #266

Parent Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____ 20_____

State of South Carolina County of Greenville

Notary Public _____ My commission expires _____

DHEC SC CERTIFICATE OF IMMUNIZATION

Submit an up to date DHEC 2740 certificate
from your Doctor or SC Health Department

DHEC Department of Immunization 864-372-3270

(Check with Renee, there may be an up to date form in your child's file.)

you may have your doctor send forms via fax to 864-770-0304 attn: Renee

This must be updated during the year as children get new vaccines.

2015-16 DHEC routine of scheduled immunizations. Day care - K5	Birth	2 months	4 months	6 months	12 months	15 months	18 months	4-6 years
Hep B	HepB	HepB			HepB			
IPV		IPV	IPV				IPV	IPV
DTaP		DTaP	DTaP		DTaP	DTAP		DTaP
Hib		Hib	Hib	Hib	Hib			
MMR					MMR	MMR		MMR
Var					Var	Var		Var
PCV prevnar		PCV	PCV	PCV	PCV			