



## Lake Bowen Baptist Church Childcare Center

A Ministry of Lake Bowen Baptist Church

Dear Family,

Welcome to Lake Bowen Baptist Church! We are excited that you have given us the opportunity to assist you with your childcare/ preschool needs and thank you for entrusting us with your precious children. We feel certain that you and your child/ children will be very comfortable here. We are fully committed to providing top quality childcare and education, built on Biblical principles, to your child/ children. We pride ourselves in not only caring for and nurturing your children, but also providing them with an education that will prepare them for the school years that lie ahead. As our motto, "...teaching, knowing and growing" states, we focus on all aspects of a child's life and look forward to playing an important role in each.

Thank you again for your interest in our childcare/preschool programs. We look forward to developing an enjoyable relationship with you and your family. Please review the enclosed information for detailed information. If you have any questions upon completion of reviewing this information, please let us know. We will be happy to discuss any of the enclosed items with you at any time.

In Christ,

Shelly M. Atkins, Director  
Lake Bowen Baptist Church Childcare Center



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## General Application and Enrollment Guidelines

1. All applications must be completed in full, signed by parent/guardian, and must be accompanied by the following:
  - a. Non-refundable registration fee
  - b. Current immunization recordIncomplete applications or those submitted without the above items will not be processed.
2. Students enrolling in the 3 year old and above classes must be fully potty trained and able to use the restroom unassisted.
3. Children must enroll in the class equal to the age he or she will be on before September 1. For example, a student seeking enrollment in our 3 K program must be 3 on or before September 1 of the school year during which they are being enrolled. The assignment of students to classes of teachers is the sole responsibility of the administration of LBBCCC. Children may not transfer from one class to another because of preference for a particular teacher or classmate.
4. All applications will be dated upon receipt in the LBBCCC office. Space is limited and applications are processed on a first-come, first-serve basis.
5. Current students and siblings of current students are entitled to participate in early registration.
6. New families may schedule a tour of the school and a meeting with the director, if necessary.
7. Upon placement into our program, a place will be held for a child for no longer than a period of 2 weeks after anticipated start date. After 2 weeks, if a child has not began attending LBBCCC, the open position will be offered to an alternate family on our waiting list.
8. At the discretion of Lake Bowen Baptist Church Childcare Center, exceptions may be made to the above stated policies due to extenuating circumstances.



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## Preschool Enrollment Application

Please print in blue or black ink.

Application Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 Last First Middle

**Please Note:** Applications must be completed in full before your child will be allowed placement into our program. This application alone does not guarantee a place for your child. The application plus all non-refundable registration fees must be submitted before your child will be considered for admission.

**Indicate the class for which you are registering by check the appropriate box.**

- |   |   |
|---|---|
| <input type="checkbox"/> Infant Room (6 wks- 12 months)           | <input type="checkbox"/> 3 Year Old Preschool (Mon, Wed, Fri 1/2 day) |
| <input type="checkbox"/> Toddler Room (12-24 months)              | <input type="checkbox"/> 4 Year Old Preschool (Mon-Fri full day)      |
| <input type="checkbox"/> 2 Year Old Preschool (Mon- Fri full day) | <input type="checkbox"/> 4 Year Old Preschool (Mon, Wed, Fri 1/2 day) |
| <input type="checkbox"/> 3 Year Old Preschool (Mon-Fri full day)  |   |

- All half day preschool classes are from 8:20am- 11am with the option of lunch bunch until 12:00pm.
- All children enrolling in classrooms 3K and above must be fully potty trained and able to use the restroom unassisted.

## General Student Information

Gender \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Age of Child \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Sibling(s) attending \_\_\_\_\_

Indicate child's shirt size: XS (2-4) \_\_\_\_\_ S (6-8) \_\_\_\_\_ M (10-12) \_\_\_\_\_ L (14-16) \_\_\_\_\_

### Office Use Only:

Registration Fee \$ \_\_\_\_\_  Mat Fee \$ \_\_\_\_\_  Weekly Tuition \$ \_\_\_\_\_

Early Arrival \$ \_\_\_\_\_  Kindergarten Fee \$ \_\_\_\_\_  Monthly Tuition \$ \_\_\_\_\_

Lunch Bunch \$ \_\_\_\_\_  Start Date \_\_\_\_\_ Classroom \_\_\_\_\_

SS Card  Immunization Cert

## Family Information

Father's/Guardian's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Last                      First                      Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

SC Driver's License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Department \_\_\_\_\_ Work Hours \_\_\_\_\_

Email Address: \_\_\_\_\_ Lives at home with student?  Yes  No

**Custody:**  Primary  Joint  No **Permission to Pick-Up:**  Yes  No **Emergency Contact:**  Yes  No

**Please note:** In order to enforce custody restrictions, a copy of court documents must be on file in the LBBCCC office.

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Mother's/Guardian's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Last                      First                      Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

SC Driver's License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Department \_\_\_\_\_ Work Hours \_\_\_\_\_

Email Address: \_\_\_\_\_ Lives at home with student?  Yes  No

**Custody:**  Primary  Joint  No **Permission to Pick-Up:**  Yes  No **Emergency Contact:**  Yes  No

**Please note:** In order to enforce custody restrictions, a copy of court documents must be on file in the LBBCCC office.

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Please list others who live in the home:

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Emergency Contact (in the event parents/guardian can not be reached):

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

In addition to those listed above, list others authorized to pick up your child from school:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

List any person(s) that is legally prohibited from picking up your child from school: *(must include a copy of court documents)*

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Date \_\_\_\_\_ Student's Name \_\_\_\_\_

## Health Information

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address of Physician \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please check all that apply to your child:**

Allergies- medication, food, environmental, etc: \_\_\_\_\_

Symptoms of reaction: \_\_\_\_\_

Treatment prescribed: \_\_\_\_\_

Asthma/ Respiratory Problems    Taking medication:  Yes     No

Hearing Loss/ Hearing Aids

Speech Difficulties    Attending speech class:  Yes     No

ADD/ADHD    Taking medication:  Yes     No

Physical Handicaps    Describe: \_\_\_\_\_

Seizures    Describe: \_\_\_\_\_

Learning Disability    Describe: \_\_\_\_\_

Glasses/Contacts    Care Instructions: \_\_\_\_\_

Migraines

Kidney Disorder

Epilepsy

Severe/Frequent Headaches

Please list any other problems, special needs or information about your child's health that you feel we need to be made aware of \_\_\_\_\_

Please list all medications your child takes on a regular basis: \_\_\_\_\_

If the student needs prescription medication during school hours, a completed Medication Form must be on file. This form may be obtained from the LBBCCC office or from your child's teacher. All medications must be in the original container and have a current prescription label attached.

### Authorization for Emergency Care

In the event of an emergency, I the undersigned parent or legal guardian of the student listed above, hereby authorize the staff of Lake Bowen Baptist Church Childcare Center to act as my Agents, to consent medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. I hereby give permission and/or attending physician to hospitalize and/or provide proper treatment for my child. I also give permission for school to provide emergency care as needed.

**Parent/Guardian Signature** \_\_\_\_\_

## Parent/ Guardian Signatures

I, \_\_\_\_\_, the undersigned parent/guardian, upon enrolling my child in Lake Bowen Baptist Church Childcare, give my consent for my child's picture to be used in the following way:

\_\_\_\_\_ (initial) Posted on bulletin boards or displays inside Lake Bowen Baptist Church.

\_\_\_\_\_ (initial) Posted on our website as a form of advertisement for Lake Bowen Baptist Church Childcare Center.

If you do not wish for your child's photo to be used, please initial beside the statement below:

\_\_\_\_\_ (initial) Please do not use my child's picture as a part of any display or on the Lake Bowen Baptist Church website.

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I have read and understand Lake Bowen Baptist Church Childcare's policies and procedures and agree to abide by all of them. \_\_\_\_\_ Initials

Lake Bowen Baptist Church Childcare Center has my written permission to transport my child to and from the center on field trips or on other center activities in the church buses. I also authorize transportation in the event of an emergency evacuation. \_\_\_\_\_ Initials

Lake Bowen Baptist Church Childcare Center has my permission to take my child swimming provided advanced notice has been given and proper teacher/child ratios are followed. \_\_\_\_\_ Initials

In consideration of LBBCCC accepting my/our child as a student, I/we will accept full financial responsibility for my/our child's tuition, fees, costs assessed for damage to books or school property. It is understood that failure to pay all tuition and fees may result in dismissal until all financial obligations have been met. \_\_\_\_\_ Initials

*Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_