- **Your $175 non-refundable Registration Fee is due with this Registration Form. Please pay the $175 at this QR Code or with a check.**
- **The $40 Supply Fee will be added to your first month's tuition through Blackbaud, our tuition program.**

FIRST PRESBYTERIAN CHURCH
WEEKDAY SCHOOL

Office Use Only

Registration fee: _____
Form of payment: _____
Date paid: _____
DHEC form: _____

Registration Form 2026-2027

Please circle your choice of days attending:

Crib	Toddler	Twos	Threes	Fours
3 days, 4 days	3 days, 4 days	3 days, 4 days	3 days, 4 days	5 days
5 days	5 days	5 days	5 days	

Child's Name: _____ Name Used: _____

Gender: _____ Birthdate: Month _____ Day _____ Year_____

Home Address: _____

City, State, Zip: _____

Parent Contact Information

Mother	Father
Name:	Name:
Name Mom uses:	Name Dad uses:
Employer:	Employer:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
Email:	Email:

Are parents separated or divorced? _____ Is your child adopted? _____ Are they aware?_____

Are you a member of First Presbyterian Church? _____ Religious Affiliation (Optional):_____

Has your child attended preschool or daycare previously? ____ Name of Center: _____

Please list people allowed to pick up your child or people we may call (locally) in case of an emergency:

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone:	Phone:	Phone:

Is there anyone who is **NOT allowed** to pick up your child? If so, please explain:_____

_____

(Please also fill out the back side)

Name of siblings:	Age of siblings:

Name of Pets:	Dog / Cat / Other

An up-to-date Official DHEC Immunization record is required before all children can start.

General Health: _____

Does your child have: Allergies: _____ Asthma: _____ Diabetes: _____

Require an EpiPen _____ (We must have a current one to keep at school)

Other health issues?_____

Please indicate if your child receives services from BabyNet, speech, or other therapy /early intervention providers:_____

Pediatrician: _____ Phone: _____

*Children enrolled in Threes and Fours must be "potty independent" when school starts. Please initial here:_____

Health Policy

We **cannot** admit your child when he or she is sick with illnesses including:

- Runny nose associated with a cold
- Diarrhea (even from teething)
- Nausea
- Fever
- Vomiting
- Lice

We reserve the right to not accept your child or to call you for immediate pick-up when your child is showing any of these symptoms.

Please make sure your child is "fever free" without Tylenol or Motrin for 24 hours prior to coming back to school.

- A current DHEC Immunization Form must be on file at all times. The form must be submitted prior to the start of school year and an updated form must be submitted when necessary. **Enrollment could be interrupted if the forms lapse.**

Signature of Parent/Guardian: _____

Date: _____