

**BETHEL UNITED METHODIST CHURCH PRESCHOOL**

4600 Daniel Drive

Columbia, South Carolina 29206

Telephone #787-3089

**2021-2022 APPLICATION FOR ADMISSION**

**Application Status:**

- We are members of Bethel United Methodist Church
- My child is currently enrolled in Bethel Preschool
- I have previously had a child enrolled in Bethel Preschool
- New to the Preschool

**OFFICE USE ONLY:**

Date enrolled \_\_\_\_\_  
 Registration paid \_\_\_\_\_  
 check# \_\_\_\_\_  
 SC Cert of Immunization \_\_\_\_\_  
 Class Assignment \_\_\_\_\_  
 \_\_\_\_\_

**Application to Enter:**

- Nursery: Monday Tuesday Wednesday Thursday Friday
- Toddler: Monday Tuesday Wednesday Thursday Friday
- Two Year old class (3 days)
- Two year old class (5 days)
- Three year old class (3 days)
- Three year old class (5 days)
- Four year old class (5 days)

**CHILD INFORMATION:**

Full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preferred Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Church your family attends \_\_\_\_\_

Any previous Preschool your child has attended \_\_\_\_\_

**Family Information:**

Mother's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Employer Name and Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Employer Name and Address \_\_\_\_\_

**REGISTRATION GUIDELINES**

1. \$150.00 Registration fee is non-refundable.
2. An immunization certificate showing your child is current with all vaccinations is required by the first day of school. Immunizations must be kept current throughout the school year or we are required to ask you to withdraw your child

3. Three weeks advance notice is required when withdrawing your child  
Initial – I have read and understand the guidelines listed above

### EMERGENCY INFORMATION

CHILD'S NAME \_\_\_\_\_

If medical assistance is required that the following physician be notified:

NAME OF PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

Persons authorized to act in case of an emergency

NAME \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ Bus. Telephone # \_\_\_\_\_

### CHILD'S HEALTH REPORT

CHILD'S GENERAL PHYSICAL CONDITION:

At present time \_\_\_\_\_

During the past year \_\_\_\_\_

ALLERGIES:

Asthma \_\_\_\_\_ Hay Fever \_\_\_\_\_ Eczema \_\_\_\_\_

Other \_\_\_\_\_

Skin Infections \_\_\_\_\_

Any physical handicaps \_\_\_\_\_

### MEDICAL TREATMENT FORM

I give my permission for medical treatment of my child, \_\_\_\_\_, by a doctor and/or hospital in case of an emergency when neither parent nor person listed as an emergency cannot be reached.

\_\_\_\_\_  
Parent Signature

#### RELEASE FORM

I hereby authorize the Director of Bethel United Methodist Church Nursery and Preschool, or her agent or servant, to execute any and all documents including any necessary releases in my behalf which might be required by any medical facility or physician to perform any emergency care, on account of any accident or illness sustained or incurred by my child named above, while attending Bethel United Methodist Church Nursery or Preschool.

I further agree that in consideration of my child's attending Bethel United Methodist Nursery and Preschool, I will hold Bethel United Methodist Church, and its agents and servants, harmless from any action by me or my child on account of any injury or damage sustained or suffered by my child while attending Bethel United Methodist Church Nursery, Preschool or Field Trips.

I certify that my child, named above, is in good health and requires no special medical care of medical treatment while at the nursery or preschool

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date