

# JOHN KNOX KINDERGARTEN AND PARENT'S DAY OUT PROGRAMS REGISTRATION

## FALL OF 2023 ENROLLMENT



Dear Families,

Thank you for your interest in John Knox Kindergarten and Parent's Day Out Program! We are glad you are considering our program and we hope to accommodate as many families as possible in the **2023-2024 school year**. We are proud of our faith-based program that has served our community for over sixty years! Our loving and nurturing staff strives to make this a place where parents feel confident about leaving their children and where the children feel safe, happy, and loved!

This year our registration opens to the public on **Tuesday, January 17<sup>th</sup> and Wednesday, January 18<sup>th</sup>**. I will accept registration forms and fees in our gym from **8 am – 10 am** on both these days. After registration on the 18<sup>th</sup>, you will need to contact me about availability and a registration appointment.

You will need to bring the following forms with you, completely filled out, along with your check or cash for the entire nonrefundable registration fee.

**\*a Kindergarten & PDO Registration Form** (per child) \* an **Extended Hours Registration Form** (per child) \*the **DSS Form 2900** (per child) The remaining required forms will be emailed to you this summer and collected at orientation. The updated **Parent Guidelines** will be available on our website [JKKindergarten.org](http://JKKindergarten.org).

Availability is on a first come, first serve basis and all registration forms and the nonrefundable registration fee must be turned in to me personally. Please call me if you need more details about our program, have questions about registering, or to schedule a tour.

Tami Wall, Director [twall@johnknoxpres.org](mailto:twall@johnknoxpres.org) 864 322-0045

**John Knox Presbyterian  
Kindergarten & Parents' Day Out Registration '23-'24 School Year  
PLEASE PRINT CLEARLY!!!**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Name they prefer to be called \_\_\_\_\_

Sex - M or F    Date of birth \_\_\_\_\_    Age as of Sept. 1<sup>st</sup> \_\_\_\_\_

Home Street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Her Cell number \_\_\_\_\_ Work number \_\_\_\_\_

Employer name and address \_\_\_\_\_

Father's name \_\_\_\_\_ Email \_\_\_\_\_

His Cell number \_\_\_\_\_ Work number \_\_\_\_\_

Employer name and address \_\_\_\_\_

**Please read carefully, by signing below you are acknowledging and agreeing to the following:**

Application is hereby made for admission of my child to the John Knox Presbyterian Church (JKPC) Kindergarten or Parents' Day Out program. The non-refundable registration fee of \$ \_\_\_\_\_ has been paid and I understand that the monthly tuition of \$ \_\_\_\_\_ and extended fees of \$ \_\_\_\_\_ is due by the 15<sup>th</sup> of each month. There is a 5% discount if the full year's tuition and/or extended fees are paid in full by Sept. 15<sup>th</sup>. There is a late fee of \$20 if tuition is paid after the 15<sup>th</sup> of the month and \$1 per minute if a child is not picked up by the stated pick-up time (See handbook for details).

**Snack/Material Fees** All Kindergarten children will have a one-time fee of \$30 per day they attend. This annual fee covers DHEC mandated snacks, some classroom supplies and art materials. PDO students enrolled in Toddler classes and 2 yr old children will pay a one-time fee of \$30 per day that they attend each week. Ex: 3 days = \$90, 4 days= \$120, 5 days= \$150, etc. This fee is due Sept. 15<sup>th</sup>. There is no snack fee for Infant classes, however, once child begins finger foods, parents will be required to provide snacks for their child to keep at school.

I understand that my child must be in good health to attend school and I further understand that no refunds will be given during any month for either absences or withdrawals.

**I understand that my child must be \*fully toilet-trained before beginning the K-3 program and that the Sept. 1<sup>st</sup> deadline for birthdates will be strictly followed.**

**Liability** The staff at JKPC makes every effort to prevent accidents but in the event one should occur, I understand that neither the school nor the church accept any liability. I give JKPC staff permission to seek emergency medical care for my child if needed, including providing transportation and appropriate initial care for any injury in the event that either parent or the emergency contact(s) provided are unable to be contacted. No medications will be given to my child without instructions from parent, guardian or appropriate medical personnel.

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

Class Enrolled In \_\_\_\_\_

\*Please see our handbook for full explanation.

Extended Hours Program:

Tuition covers our kindergarten and Parents Day Out program time of 9:00 AM to 1:00 PM. You may enroll for additional time slots for the program days your child attends. Early Stay and Late Pick-up times will apply consistently for each day enrolled. The schedules will not vary from day to day. Spaces are limited and based on availability.

+Add 8 AM arrival (\$30/mo, but for staffing purposes you must check desired days.)

M\_\_\_\_\_Tu\_\_\_\_\_W\_\_\_\_\_Th\_\_\_\_\_Fr\_\_\_\_\_ = \$\_\_\_\_\_ per mo

+ Add 3 PM pick-up (\$40/mo per total weekdays enrolled)

M\_\_\_\_\_Tu\_\_\_\_\_W\_\_\_\_\_Th\_\_\_\_\_Fr\_\_\_\_\_ =\$\_\_\_\_\_ per mo

+Add 5 PM Pick-up (\$80/mo per total weekdays enrolled)

M\_\_\_\_\_Tu\_\_\_\_\_W\_\_\_\_\_Th\_\_\_\_\_Fr\_\_\_\_\_ =\$\_\_\_\_\_ per mo

**Note: The same pick-up time must be chosen for all enrolled days.**

**Important Note:** We cannot anticipate possible restrictions or changes related to the COVID-19 virus. But, in the event there are any, we will communicate with parents as soon as we are able.



South Carolina Department of Social Services  
Child Care Regulatory Services

# 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: \_\_\_\_\_ County: \_\_\_\_\_ Select County ...

Address: \_\_\_\_\_  
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:

\_\_\_\_\_  
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:

\_\_\_\_\_  
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** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ 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

\_\_\_\_\_  
Name of Child Care Facility

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Operator/Staff Designee