



Spirings Christian Day School
A Ministry of Boiling Springs First Baptist Church
Student Enrollment Application

Student Name _____ Preferred Name _____
Last First Middle

Please note that this application alone will not secure a place for your child. This application must be accompanied by the non-refundable registration fee. PLEASE PRINT NEATLY. Application must be completed in full and submitted before your child will be considered for admission.

Check The Class/Classes You Are Registering For
Child must enroll in the class equal to the age he or she will be on or before September 1.
Children entering 3 Year Preschool and above must be completely potty trained and able to use the restroom unassisted.
[] 2 Year Preschool-2 Day (Tues./Thurs.) 8:30-11:30 [] Preschool (K2-K4) Extended Care until 2:00*
[] 2 Year Preschool-3 Day (Mon, Wed, Fri) 8:30-11:30 [] Preschool (K2-K4) Extended Care until 5:45*
[] 2 Year Preschool-5 Day (Mon-Fri) 8:30-11:30 [] Preschool Early Arrival 7AM*
[] 3 Year Preschool-3 Day (Mon, Wed, Fri) 8:30-11:30
[] 3 Year Preschool-5 Day (Mon-Fri) 8:30-11:30
[] 4 Year Preschool-5 Day (Mon-Fri) 8:15-11:45 * Please see Tuition/ Fees insert for extended care rates

Extended care charges are added to the base tuition and require a permanent spot for a child that is equivalent to the days he/she attends preschool. (Ex: A 3 day preschool student will be issued a year-long reservation for the 3 days a week they attend preschool.)

GENERAL STUDENT INFORMATION

DOB ____/____/____ Gender _____ Present Age _____
Street Address _____ City _____
State _____ Zip _____ Home Phone _____ Parents' Names _____
Siblings attending SCDS _____

STUDENT ACADEMIC HISTORY

List other schools/daycares your child has attended:
School/Daycare _____
School/Daycare _____
Do you have any concerns with your child's behavior or learning ability? _____
If yes, what are your concerns? _____
Has your child been tested for learning disabilities? _____ If yes, give the date and general results of the test: _____
Has your child ever been suspended or expelled from school/daycare for any reason? _____ If yes, please give the reason(s): _____

Office Use Only:
Date Application received: _____ BSFBC Church Member _____ FBNS church member _____
Registration Fee \$ _____ [] Cash [] Check CK# _____ Date Paid _____
Book/Activity Fee \$ _____ [] Cash [] Check CK# _____ Date Paid _____

FAMILY INFORMATION

Father's/Guardian's Full Name _____
Last First Middle Preferred Name

Phone and address (if different from student): Permission to Publish Home Phone and Address: Yes No
Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Occupation _____

Business Address _____
Street City State Zip

Work Hours _____ Email Address _____

*Custody: Primary Joint No Lives in home with student? Yes No
Permission to Pick-Up: Yes No Contact in case of emergency: Yes No

Mother's/Guardian's Full Name _____
Last First Middle Preferred Name

Phone and address (if different from student): Permission to Publish Home Phone and Address: Yes No
Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Occupation _____

Business Address _____
Street City State Zip

Work Hours _____ Email Address _____

*Custody: Primary Joint No Lives in home with student? Yes No
Permission to Pick-Up: Yes No Contact in case of emergency: Yes No

Please list others who live in the home:

Name _____ Relation to child _____
Name _____ Relation to child _____
Name _____ Relation to child _____
Name _____ Relation to child _____

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

Person to contact in case of emergency, if the person legally responsible cannot be reached:

1. Emergency Name _____ Relation _____ Phone _____
Street Address _____ City _____ State _____ Zip _____

2. Emergency Name _____ Relation _____ Phone _____
Street Address _____ City _____ State _____ Zip _____

In addition to the people listed above, list others who have permission to pick up your child from school:

Name _____ Relation _____ Phone _____ Address _____
Name _____ Relation _____ Phone _____ Address _____

***Custody, in case of divorce: (In order to enforce custody restrictions, a copy of court documents must be on file in the SCDS office.)**

Please list any person(s) who are legally barred from picking up your child from school.

Name _____ Relation to child _____
Name _____ Relation to child _____

Date _____

Student Name _____

HEALTH INFORMATION

TO BE COMPLETED BY PARENT OR GUARDIAN

Please check all that apply to your child:

Hearing Loss/Hearing Aids Migraines Kidney Disorder

Heart Condition/Murmur Severe Headaches Diabetes

Glasses/Contacts

Speech Difficulties Attending Speech Classes Yes No

ADD/ADHD Medication Taken Yes No

Asthma/Respiratory Problems Medication Taken Yes No

Seizures/Epilepsy Describe: _____

Learning Disability Describe: _____

Physical Handicaps Describe: _____

Allergies-medication, latex, food, etc. _____

Symptoms of reaction: _____

Treatment prescribed: _____

Please list any other problems, special needs or information about your child's health: _____

Please indicate any medications your child takes on a regular basis: _____

Family Physician or Health Resource: _____

Name	Address	Phone Number
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Dental Care Provider: _____

Name	Address	Phone Number
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Health Insurance Provider: _____

If the student needs prescription medication during school hours, a completed **Medication Form** must be on file. This form may be obtained from the SCDS office and must be completed and signed by the parent/legal guardian. All medications must be in the original container and have a current prescription label attached.

I certify that to the best of my knowledge my child, listed above, is in good mental and physical health and is able to participate in the program at SCDS. **Parent/Guardian Initial** _____

Authorization For Emergency Care

In the event of an emergency, when I am not readily available, I, the undersigned parent or legal guardian of the student listed above, hereby authorize the staff of Springs Christian Day School to act as my Agents, to consent to 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 to our family physician and/or attending physician to hospitalize and/or provide proper treatment for my child. I also give permission for school personnel to provide emergency care as needed. In the event emergency treatment is required, my child will be taken to Spartanburg Regional Medical Center.

Parent/Guardian Signature _____

PARENT QUESTIONNAIRE

How did you hear about Springs Christian Day School? _____

State your reason(s) for wanting your child to attend SCDS: _____

In order of importance, list what you consider to be the three most vital aspects of your child's education: Be specific:

1. _____

2. _____

3. _____

What do you see as your role or responsibility in the education of your son/daughter? _____

From your perspective, what are the advantages of a Christian education at SCDS? _____

What would you identify as the values that matter most to your family? _____

Has student previously attended SCDS? _____ If yes, when? _____

Name of church you now attend _____ Denomination _____

Pastor's Name _____ Are you a member of this church? Yes No

Do you attend regularly? Yes No

PARENT/GUARDIAN SIGNATURES

I give/do not give (circle one) Springs Christian Day School permission for my child to appear in photographs, CD's, DVD's or videotapes while participating in the program for the purposes of publicity, staff training, and/or promotion.

Parent/Guardian Signature _____ *Date* _____

In consideration of Springs Christian Day School accepting my/our child as a student, I/we will accept full financial responsibility for my/our child's tuition, fees, and costs assessed for damage to books or school property. It is understood that withdrawal prior to end of school year constitutes a \$200 withdrawal fee in addition to payment for the months enrolled. It is also understood that failure to pay all tuition and fees may result in dismissal until all financial obligations have been met.

Parent/Guardian Signature _____ *Date* _____

Please select one of the following payment plans:

12 Month Payment Plan

***Payments begin June 1**

10 Month Payment Plan

***Payments begin August 1**

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SC DSS Reg #924