



SPRINGS CHRISTIAN DAY SCHOOL

A MINISTRY OF BOILING SPRINGS FIRST BAPTIST CHURCH

SUMMER 2019 ENROLLMENT APPLICATION

Date of 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 and activity fee.** Please see attached letter for a list of fees and policies.

PLEASE PRINT NEATLY. Applications must be completed in full and submitted before your child will be considered for admission.

<input type="checkbox"/> 2 Year Old	<input type="checkbox"/> 2 Day Tuesday/Thursday
<input type="checkbox"/> 3 Year Old	<input type="checkbox"/> 3 Day Monday/Wednesday/Friday
<input type="checkbox"/> 4 Year Old	<input type="checkbox"/> 5 Day Monday--Friday

GENERAL STUDENT INFORMATION

Gender _____ DOB _____ / _____ / _____ Present Age _____

Street Address _____ City _____

State _____ Zip _____ Home Phone _____ Parents' Names _____

Siblings attending SCDS _____

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, costs assessed for damage to books or school property. 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* _____

Office Use Only			
Registration Fee Paid _____	Date _____	Check or Cash _____	Ck# _____
Activity Fee Paid _____	Date _____	Check or Cash _____	Ck# _____

3600 Boiling Springs Road, Boiling Springs, SC 29316
 (864) 578-2148 FAX (864) 578-1583
 Website: www.scdssaints.com
 SC DSS Reg. #924

Date _____ Student Name _____

HEALTH INFORMATION

TO BE COMPLETED BY PARENT OR GUARDIAN

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 _____