Springs Christian Day School

A Ministry of Boiling Springs First Baptist Church

Summer 2021 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.

☐ 2 Year Old	☐ **2 Day Tuesday/Thursday**
☐ 3 Year Old	☐ **3 Day Monday/Wednesday/Friday**
☐ 4 Year Old	☐ **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#_____

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

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_____

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. This form 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.

Family Physician or Health Resource:_____
Name Address Phone Number

Dental Care Provider:_____
Name Address Phone Number

Health Insurance Provider:_____

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_____Date_____

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

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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

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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_____