

BETHEL UNITED METHODIST CHURCH PRESCHOOL

4600 Daniel Drive
Columbia, South Carolina 29206
Telephone #787-3089

2020-2021 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

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 _____

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

____ 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