



Heyward Street Preschool Registration Application

Office Use Only	
Room:	_____
Start:	_____

Child's Name _____ Birthdate _____

Nickname _____ Gender _____

1) Parent Name: _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

E-Mail _____

Employer _____ Phone _____

In case of emergency

Does child live with you: _____ Full time _____ Shared _____

2) Parent Name: _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

E-Mail _____

Employer _____ Phone _____

In case of emergency

Does child live with you: _____ Full time _____ Shared _____

Emergency Contact

Name: _____ Phone # _____

Relationship to your child: _____

Child's Physician: _____

Name

Phone

Child's Dentist: _____

Name

Phone

Child's Health Insurance Provider: _____

Name

Phone

HSP Registration Continued:

Additional people authorized to pick up your child from school:

Name: _____ Person's driver's license # _____

Name: _____ Person's driver's license # _____

<input type="checkbox"/> Current Immunization Record <i>Obtained from physician or health clinic</i>	<input type="checkbox"/> HEC Health Form <i>(Obtained from physician or health clinic)</i>
<input type="checkbox"/> \$90 Registration Fee <i>\$75 each additional family member</i>	<input type="checkbox"/> Handbook Signature Form <i>(Back of Handbook) Sign & Return for our file</i>
<input type="checkbox"/> Supply Fee charged monthly <i>(\$7.00/month per child)</i>	

TUITION FOR PRESCHOOL: 2, 3 and 4 year old classes - *Indicate choice with a check mark in the box*

	8:30 AM – 2:30 PM	8:30 AM – 4:30 PM
5 Days / week	\$130.20 / weekly	\$173.25 / weekly
Monday - Friday	\$553.35 / monthly	\$736.31 / monthly

Do you prefer to be billed Monthly or Weekly: Monthly Weekly

Each child must bring their own lunch, beverage, and a sleeping mat. Please label all items with your child's name. Sleeping mats should go home on Fridays to be washed. Late Fees for children picked up more than 5 minutes after their scheduled pickup time, will be charged at \$1.00 per minute, per child.

Does your child have any allergies: NO YES If "Yes," Please list: _____

Please let us know if your child has any special needs or requirements that we should be aware of to provide appropriate support and accommodations. Information provided will be used solely for the purpose of ensuring a safe and inclusive environment and will be treated with strict confidentiality in accordance with applicable laws and regulations.

HSP Registration Continued:

Parent Authorization and Acknowledgement Form

Child's name: _____ DOB _____ Date _____

SC DSS Child Care Licensing requires the following information to be on file at the facility for each child upon enrollment. I have reviewed and understand the center's policies and procedures. I am aware that this record should be updated annually, or should any changes occur.

HANDBOOK ACKNOWLEDGEMENT

I/we acknowledge that I/we have received the Heyward Street Preschool handbook. I/we understand the policies stated in the handbook and will refer to it for guidance on policy matters. I/we also understand that any questions I/we may have can be referred to the Director for clarification.

DISCIPLINE POLICY (DSS Regulation No. 114-503.F(3)(f))

I/we acknowledge that I/we have received the Heyward Street Preschool's discipline policy. I/we understand the policy stated in the handbook and will refer to it for guidance on policy matters. I/we also understand that any questions I/we may have can be referred to the Director for clarification.

ADMINISTRATION OF MEDICATIONS (DSS Regulation NO. 114-503.F(3)(e))

_____ I DO give permission / _____ I DO NOT give permission for prescription/non-prescription medications to be given to my child. An affirmative answer will require a medication form.

EMERGENCY MEDICAL TREATMENT

By signing the document below, I understand that in the event of a medical emergency, HSP personnel will obtain medical treatment for my child. I acknowledge that every attempt will be made to notify the emergency contacts as quickly as possible.

MEDIA CONSENT

Your child will participate in various activities, events, and meaningful learning experiences while attending our center. We often take photos to post in the classroom, use for art projects, add to school newsletters, and to update families regarding children's daily experiences through the Family app. Photos may be taken individually or in groups. We may also use photos of learning activities involving your child on our website or Facebook page.

_____ I DO give permission / _____ I DO NOT give permission for my child to be photographed for school use, HSP's website, or Facebook page.

_____ I DO give permission for my child to be photographed for school usage, but I do not want their picture to be shared on HSP's website or Facebook page.

By signing this document, you acknowledge that you have read and understood all the sections described herein and agree to adhere to the policies found in the handbook, as well as grant or deny the permissions, as indicated herein.

Print name of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Signature of HSP Director

Date

HSP Registration Continued:

2501 Heyward Street
Columbia, SC 29205

803-771-4053
heywardpreschool@gmail.com

07112024

Child's name: _____ DOB _____ Date _____

BILLPAYER RESPONSIBILITY:

By signing this document, I acknowledge and agree that I am solely responsible for any charges billed to me. I understand that these charges may include, but are not limited to, fees for services rendered, products purchased, or any other financial obligations incurred. I accept full responsibility for the payment of these charges and understand that failure to settle them may result in my child being withdrawn from the program as well as legal action or other consequences.

SCHOOL APP- FAMLY

Heyward Street Preschool uses the FAMLY app to communicate with you throughout the day and for billing/payments. Once enrolled you will receive a link to download the app on your device. If you would like additional family members/contacts to have access to the app for invoice copies or to see your child's progress, you may request that in our billing office.

Sending invoices through the app requires the designation of a bill payer. Please indicate below who is responsible for the bill. If you would like the option of splitting the invoice or providing a copy of the invoice to another family member, please see our financial secretary.

Bill Payer: _____ Email _____ Split? _____

Email Address for billing

Signature of Bill Payer/Responsible Party
PRINT name of Bill Payer/responsible Party

Date

Child's name: _____ DOB _____ Date _____

HSP Registration Continued:

Child's name: _____ DOB _____ Date _____

Consent for Sunscreen & Bug Screen Application:

I understand that the sunscreen and bug spray provided by me will be used according to the manufacturer's instructions. I confirm that my child has no known allergies or adverse reactions to the products listed below:

Sunscreen Brand/Type: _____

Bug Spray Brand/Type: _____

Special Instructions or Allergies: _____

By signing this form, I acknowledge that I have read and understood the information provided, and I give my consent for the application of sunscreen and bug spray to my child as described above.

Parent/Guardian Signature:

Date