Heyward Street Preschool Registration Application

Office Use Only
Room:_____
Start:_____

Child's Name _____ Birthdate_____

Nickname _____ Gender _____

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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

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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 #1

Name: _____ Phone # _____

Relationship to your child: _____

Emergency Contact #2

Name: _____ Phone# _____

Relationship to your child: _____

HSP Registration Continued:

Child's name: _____ Date _____

Child's Physician: _____
Name Phone

Child's Dentist: _____
Name Phone

Child's Health Insurance Provider: _____
Name Phone

Additional people authorized to pick up your child from school:

Name:_____Person's driver's license # _____

Name:_____Person's driver's license # _____

☐ Current Immunization Record Obtained from physician or health clinic)	☐ Supply Fee charged monthly ($7.00/month per child)
☐ $90 Registration Fee $75 each additional family member	☐ Handbook Signature Form (Back of Handbook) Sign & Return for our file
☐ Health Form (DSS 2900)	

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		8:30 AM – 5:30 PM	
5 Days a week Monday Through Friday	☐	$134.11 / weekly	☐	$178.45 / weekly	☐	$204.20 / weekly
	☐	$569.95 / monthly	☐	$758.40 / monthly	☐	$861.40 / 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 an additional fee per minute/per child (see handbook).

Does your child have any allergies: ☐ NO ☐ YES If **YES**, please list below:

_____

_____

_____

Dual Language Learners:

Does your child speak another language at home other than English? _____

If so, what is your home language? _____

Do you desire communication translated to your home language? _____

HSP Registration Continued:

Child's name: _____ Date _____

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. The Director will discuss needs or requirements with the family and recommend services and/or resources available. The information provided will be used for the purpose of ensuring a safe and inclusive environment and will be treated with strict confidentiality in accordance with applicable laws and regulations.

Parent Authorization and Acknowledgement

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.

MEDIA CONSENT

Your child will participate in various activities, events, and meaningful learning experiences while attending our center. We often take photos of the children's daily experiences and share through the Famly app. Photos may be taken individually or in groups. We may also use photos of learning activities involving your child on our website or social media.

Choose one option.

_☐_ **I DO** give permission for my child to be photographed for school use to include posts on Famly app, printed photos posted in classrooms, and digital usage on HSP's website or social media.

_☐_ **I DO** give permission for my child to be photographed for school usage as noted above, but I do **not** want their picture to be shared on HSP's website or social media.

_☐_ **I DO NOT** give permission for my child to be photographed for school usage nor for HSP's website or social media. If you choose this option, photos of your child will NOT be posted on Famly app to include sharing photos of classroom activities.

HSP Registration Continued:

Child's name: _____ Date _____

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.

SWIMMING

I/we acknowledge that HSP participates in water activities. No kiddie pools are used. There are no swimming activities at our facility.

TRANSPORTATION

I/we acknowledge that HSP does not transport students. The only exception is transportation by ambulance for emergency medical care.

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? _____

_____ _____

Print name of Bill Payer/Responsible Party Print Email Address for billing

Consent for Sunscreen & Bug Spray 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: _____

_____

HSP Registration Continued:

Child's name: _____ Date _____

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
Child's Name	DOB

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