



864.244.5015



Brushy Creek WEEKDAY PRESCHOOL

2024-2025 Kindergarten Registration Information

Classes will meet as follows:

K-3 Classes (9:00 - 12:00)

Children must be three years of age by September 1, 2024 and POTTY TRAINED

Tuesday, Thursday Class

Teacher - Stephanie Risen

Registration Fee - \$ 190

Monthly Tuition - \$ 190

Mon., Wed., Fri. Class

Teacher - Kristen Mills

Registration Fee - \$ 235

Monthly Tuition - \$ 235

Monday-Thursday Class

Teacher - Gena Craig

Registration Fee - \$ 275

Monthly Tuition - \$ 275

K-4 Classes (9:00 - 12:00)

Children must be four years of age by September 1, 2024

Mon., Wed., Fri. Class

Teacher - Mary Catherine Horne

Registration Fee - \$ 235

Monthly Tuition - \$ 235

Mon., Wed., Fri. Class

Teacher - Mary Charing

Registration Fee - \$ 235

Monthly Tuition - \$ 235

Monday-Friday Class

Teacher - Landra Griffin

Registration Fee - \$ 305

Monthly Tuition - \$ 305

Late Stay (12:00-1:00)

Late Stay is open for 3 & 4 yr olds to stay after school for lunch and play with their friends. It is offered on Mondays, Tuesdays, Wednesdays, and Thursdays until 1:00 p.m. You are billed monthly. The monthly tuition is \$20/month for 1 day/wk; \$40/month for 2 days/wk; \$60/month for 3 days/wk; and \$80/month for 4 days/wk. In order to provide the quality care that your child deserves, there will be no excused absences.

You are responsible for packing your child's lunch that day. After lunch they will have free playtime, either inside or outside, weather permitting.

LATE STAY REGISTRATION FEE IS 1 MONTH'S TUITION

The registration cost is \$20 for 1 day/wk; \$40 for 2 days/wk; \$60 for 3 days/wk; and \$80 for 4 days/wk

TO ENROLL YOUR CHILD:

1. Complete the attached registration form.
2. Attach the appropriate registration fee. **Checks made out to "BCWP"**

Registration will open Wednesday evening, January 10, 2024 at 6:00 pm - 6:30 pm outside of the ARC in the breezeway for **BRUSHY CREEK BAPTIST CHURCH MEMBERS ONLY.**

CURRENT ENROLLMENT registration is Thursday, January 11, 2024 at 7:30 am under the Preschool Covered Area. Please enter the campus at the upper entrance and follow the signs leading around the back of the church to the Preschool Drive-thru facing Old Spartanburg Road. **PUBLIC ENROLLMENT** registration is Friday, January 12, 2024 at 7:30 am under the Preschool Covered Area. Please enter the campus at the upper entrance and follow the signs leading around the back of the church to the Preschool Drive-thru facing Old Spartanburg Road. On THURSDAY AND FRIDAY, you will stay in your car and pull up to the drive-thru area where you will turn in your PAPERWORK ALREADY FILLED OUT and pay your registration fee(s).

Class size is limited to 8 students for K-3 and 12 students for K-4. Classes fill up quickly so don't wait too late! If you have any questions, contact Tina Stephens, Weekday Preschool Director, at 244-5015. Please call before 12:00 noon on weekdays.

BEFORE ATTENDING CLASSES, CHILDREN MUST TURN IN A SOUTH CAROLINA CERTIFICATE OF IMMUNIZATION, A PARENT RELEASE FORM AND A HEALTH STATEMENT TO BE COMPLETED BY THE CHILD'S PHYSICIAN.

Application for Admission 2024-2025

Application is hereby made for enrollment of my child _____ to the class indicated below.

Check one:

_____ Tuesday, Thursday 3 Year
_____ Monday, Wednesday, Friday 3 Year
_____ Monday - Thursday 3 year
_____ Monday, Wednesday, Friday 4 Year
_____ Monday - Friday 4 Year

Late Stay:

Please check which day(s) you would like your child to stay in late stay:

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday

**PLEASE FILL IN
TOTAL REG FEE:**

Amt

Check #

*** Children will be placed with the consideration of boy/girl ratios, as well as other factors, before class assignments are made. We hope that you will trust our judgment.**

A **non-refundable** registration fee for appropriate class(es) in the amount of _____ is attached. I understand that this fee must be paid before my child will be enrolled.

Class Tuition as well as monthly late stay amount will be due the 1st of each month and will be considered late after the 10th of each month (Sept.-May). *See handbook for late fee calculations.*

I understand that admission will be granted on a space available basis. The child must be in normal health and **POTTY TRAINED.**

I understand that I must submit the attached health statement, parent release form, and a **South Carolina certificate of immunization form by the first day of school.**

I understand that no refunds will be made for withdrawals or absence during the month.

Parent's Signature _____ Date _____

2024-2025 Parent Release Form

I hereby authorize Brushy Creek Weekday Preschool Kindergarten program staff to secure medical attention for my child, _____ in case of serious illness or accident. I will assume full cost of said medical treatment and will not hold Brushy Creek Baptist Church or Brushy Creek Weekday Preschool Kindergarten program financially responsible for these costs. I do hereby release Brushy Creek Baptist Church, Brushy Creek Weekday Preschool Kindergarten program, their staff and/or volunteers from any and all claim and liabilities of whatsoever nature both individually and collectively, that may arise from my child participating in activities at Brushy Creek Weekday Preschool.

Mother's signature

Date

Father's signature

Date

2024-2025
Brushy Creek Weekday Preschool
Kindergarten Registration

(Please Print)

Child's Name: Last _____ First _____ Middle _____
Address: Street _____ City _____ Zip _____
Neighborhood: _____
Home Phone: _____ Child's Birthday _____ Sex _____
Email Address: _____
Member of BCBC: Yes _____ No _____
Name of church where you are a member _____
Siblings & birthdates _____

Mother's Name _____ Mother's Daytime Phone _____
Mother's employer & occupation _____
Mother's work hours _____ Mobile # _____

Father's Name _____ Father's Daytime Phone _____
Father's employer & occupation _____
Father's work hours _____ Mobile # _____

Do both parents live in the home? _____
Other persons living in the home _____
Previous preschool program attended _____

Authorized Pick-up Persons (other than parents)

1 Name _____ Phone _____
Address _____ Relationship to Child _____

2 Name _____ Phone _____
Address _____ Relationship to Child _____

Your child's t-shirt size for 2023-2024 school year: **3T** **4T** **5T** (circle one)

Is your child right-handed or left-handed? (Circle one)

Does your child have any fears or phobias? _____

Does your child get along well with other children? _____

Is there other information that would help the teacher to better understand your child? _____

Child's Doctor: _____ Phone # _____
Preferred Hospital: _____ Phone # _____
Allergies or special health problems _____
Medical Insurance Company and Policy # _____

**Brushy Creek Weekday Preschool
2024-2025 Health Statement**

Name of Child _____ **Date of birth** _____

Medical History

Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____
Flu _____ Meningitis _____ Convulsions _____ Allergies (list) _____

Is there any evidence of
Hearing loss or difficulties? _____

Vision difficulties? _____

Speech disabilities? _____

List any
Hospitalizations _____

Operations _____

Other serious illness _____

This Section To Be Completed By Physician

Immunizations

(Please Attach Copy of Immunization Record)

All immunizations are up to date : YES NO If no, indicate reason _____

Is the child free from communicable disease? YES NO

List any medications and drugs taken regularly by the child _____

Other remarks regarding physical condition _____

The above information is correct as of (date) _____

Signature of physician _____

Address _____

Telephone _____