



864.244.5015



# Brushy Creek WEEKDAY PRESCHOOL

## 2024-2025 Mom's Morning Out Registration Information

Classes will meet from 9:00-1:00 as follows:

**1 yr old classes (offered Tuesday and/or Wednesday)**

*Children must be one year of age by September 1, 2024*

**2 yr old classes (offered Tuesday, Wednesday and/or Thursday)**

*Children must be two year of age by September 1, 2024*

**Tuesday, Wednesday OR Thursday Class**

Registration Fee: \$ 90

Monthly Tuition: \$ 90

**Two day classes**

Registration Fee: \$ 170

Monthly Tuition: \$ 170

**Three day classes (2 yr olds ONLY)**

Registration Fee: \$ 240

Monthly Tuition: \$ 240

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**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).

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 all applicable:**

\_\_\_\_\_ Tuesday, 1 Year

\_\_\_\_\_ Tuesday, 2 Year

\_\_\_\_\_ Wednesday, 1 Year

\_\_\_\_\_ Wednesday, 2 Year

\_\_\_\_\_ Thursday, 2 Year

**PLEASE FILL IN  
TOTAL REG FEE:**

**Amt**

**Check #**

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 will be due the 1<sup>st</sup> of each month and will be considered late after the 10<sup>th</sup> of each month (Sept.-May). *See handbook for calculation of late fees.*

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

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** \_\_\_\_\_

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## 2024-2025 Parent Release Form

I hereby authorize Brushy Creek Weekday Preschool MMO 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 MMO program financially responsible for these costs. I do hereby release Brushy Creek Baptist Church, Brushy Creek Weekday Preschool MMO 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**  
**Mom's Morning Out 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 \_\_\_\_\_

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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 \_\_\_\_\_

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 \_\_\_\_\_