

Checklist for a complete enrollment packet:

_____ Completed registration form (see below) submitted to Laura Lyle by email (llyle@fifbc.org) or turned into the Fountain Inn First Baptist office with hours Monday-Thursday 9:30 AM-5:00 PM and closed on holidays.

_____ A copy of your child's immunization records AND/OR a copy of a **notarized** religious exemption no later than 8/1/2016

_____ A copy of your child's birth certificate (at the time of registration)

_____ Registration payment submitted by credit card on Bright Wheel, or a check made out to Fountain Inn First Baptist Church. Please write your child's name in the memo along with "preschool registration." **The registration payment is non-refundable.** Please contact Laura Lyle (llyle@fifbc.org) to set up a Bright Wheel account if you are a new family.

Enrollment Date: _____



Fountain Inn First Baptist Weekday Preschool



206 North Weston Street, Fountain Inn
llyle@fifbc.org (864) 862-3350

Registration Form

- All 2-year-olds must be two years of age on or before 9/1/2026.
- All 3-year-olds must be three years of age on or before 9/1/2026.
- All 4-year-olds must be four years of age on or before 9/1/2026.

Please mark your first and second choice of class for your child. All classes are filled at the director's discretion. Previous enrollment, age, coordinating sibling days and other factors are considered.

2-year old Monday/Wednesday/Friday _____ 2-year-old Tuesday/Thursday _____

3-year-old Monday/Wednesday/Friday _____ 3-year-old Tuesday/Thursday _____

4-year-old five days per week (Monday-Friday) _____ 4-year-old three days per week (Tuesday-Thursday * hours 8:30-12:30) _____

All 3's and 4's must be potty trained by the first day of school at the guidance and rule set by DHEC . Please note our classrooms are not equipped to change diapers or pull-ups.

Child's Full Name: _____ Birthdate: __/__/__ Sex: M__ F__

Child's Preferred Name: _____

Child's Address: _____

Full name of Mother: _____ Email (please print neatly) _____

Mother's Address: ☐ Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st ☐

Full name of Father: _____ Email (please print neatly) _____

Father's Address: ☐ Same _____

Home Phone:_____ Work Phone:_____ ext. _____ Cell Phone:_____

Place of work:_____ Hours:_____ Contact 1st ☐

Siblings who reside with your child: _____ (age __), _____ (age____),
_____ (age____), _____ (age)

Does your child live primarily with: _____ both parents _____ mom _____ dad _____ (other)

Please use these lines to detail any schedules to be aware of or custody agreements we need to know:

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name:_____ 2. Name:_____

Relationship to child:_____ Relationship to child:_____

Home Phone:_____ Home Phone:_____

Cell or Work Phone:_____ Cell or Work Phone:_____

Other Person(s) Authorized to pick up child:

Name:_____ Relationship_____ Phone:_____

Name:_____ Relationship_____ Phone:_____

Name:_____ Relationship_____ Phone:_____

Child's Health Information and History

Health Plan _____ Group#:_____ ID#:_____

Child's Doctor:_____ Phone:_____

Are your Child's immunizations up to date? Yes () No ()

Note: Please attach a copy of immunization record or notarized religious exemption

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child get colds/flu often?_____

Does your child have any special needs or a family service plan? _____

Please list any serious prior injuries: _____

Check (✓) any of the following illnesses the child has had:

- | | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____ | | |

Does your child have any known allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Has your child ever been in a daycare, other preschool or a formal school setting before? Yes () No ()

If yes, which school or daycare facility did they attend?

If your child is attending 4K, what are your intended kindergarten plans for your child? _____

Please comment on any other medical information/or special needs the child care provider should be aware of:

Medication and Emergency Care Authorization

I authorize **Fountain Inn First Baptist Church Weekday Preschool** to administer the supplies and medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any supplies or medications were given.

(Please cross of any item you would prefer not to be used)

☐ Yes ☐ No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, band-aids and Benadryl itch stopping cream.

☐ Yes ☐ No I authorize use of preventative supplies, such as hand lotion, diaper rash cream, etc.

☐ Yes ☐ No I authorize use of oral liquid Benadryl in the event of an allergic reaction.

NOTE: Basic first aid supplies are kept on premises. If you would like your child to take a specific brand of medication, please provide it. Medications will be labeled with your child's name. Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

☐ I authorize **Fountain Inn First Baptist Church Weekday Preschool** to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Initial Here: _____

Comments/Exceptions: _____

Transportation Authorization

☐ I authorize my child to be transported by **Fountain Inn First Baptist Church Weekday Preschool** to and from local field trips. Children will not be left unattended in any vehicle. **Initial Here:** _____

☐ I do **NOT** give permission for my child to be transported. I understand that I will be responsible for child care at my own expense on days when children will be transported **Initial Here:** _____

Comments/Exceptions: _____

Photo Authorization

Photographs and videos are taken during occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, yearbooks, class books, picture CD's and various other applications. Photos which may include my child may be given or shared with families who also attend this program.

☐ I give permission to **Fountain Inn First Baptist Weekday Preschool** to take photographs/videos of the above-named child. Photos will be used in the classroom only or given to parents as a remembrance of their child's year (including other families in the program).

Initial Here: _____

Registration Fee

***Please note the registration fee is non-refundable, but it guarantees your child's spot. There are two ways to pay (check one):**

_____ I will pay the registration fee by check. Check number _____

_____ I will pay online via BrightWheel. For new students, please see the director to set up a BrightWheel account linked to FIFBC Weekday Preschool.

Please do not pay on BrightWheel until you receive an invoice specifically for your child's registration fee. Thank you!

☐ I understand the registration fee is non-refundable once submitted. I understand the fee secures my child's spot. **Initial Here:** _____

☐ I understand if my child is enrolling in a 3-year-old or 4-year-old class, they must be fully potty trained by the first day of school. **Initial Here:** _____

2026/2027 Class, tuition rates and registration:

Class	Days	Monthly Tuition	Registration Fee
2K	Monday/Wednesday/Friday	\$210	\$200
2K	Tuesday/Thursday	\$195	\$185
3K	Monday/Wednesday/Friday	\$220	\$210
3K	Tuesday/Thursday	\$200	\$190
4K	Tuesday/Wednesday/Thursday	\$225	\$215
4K	M/T/W/Th/F	\$260	\$240

Please save these dates for your records:

- Meet the Teacher- Thursday August 20th (choose one- morning session or afternoon session, times TBA)
- First day of School- Tuesday, August 25th (2K T/Th, 3K T/Th, all 4K)
- First Day of School- Wednesday, August 26th (2K M/W/F, 3K M/W/F)
- First tuition payment- September 1st, 2026 (this is separate from the registration fee), pay through BrightWheel (our online parent portal). Please download the app prior to August 20th.
- Last Day of School- Thursday, May 13th

We loosely follow Greenville County Schools' holiday calendar. We do follow GCS for inclement weather.