

# Kelleytown Baptist Kindergarten

*“Created with a purpose.” Proverbs  
16:4*

## **2026-2027 Registration Form**

- Current enrolled families & church members 2026-2027 registration applications will be accepted beginning Monday, January 20, 2026.
- On Monday, February 2, registration will be opened to the public.
- Space is limited in each class so admission is on a first come basis. Even if your child is already enrolled in our school, it is necessary to register for next year.
- Please complete the attached application and return it to your child's teacher or the church office. The application must be filled out completely.
- Please remember that **the registration fee must be returned with the application for your child to be officially enrolled for next year. Also, a supply fee will be due by June 1, 2026.**
- Make checks payable to Kelleytown Baptist Church Kindergarten or venmo @Kelleytown-Kindergarten

**ALL REGISTRATION FEES ARE NON-REFUNDABLE**

Please indicate class

		Non-Refundable Registration & Supply Fee	Tuition per month
	MMO	\$ 230.00	\$ 230.00
	2K	\$ 230.00	\$ 230.00
	3K	\$ 230.00	\$ 230.00
	4K	\$ 230.00	\$ 230.00
	5K	\$ 250.00	\$ 250.00

**\*\*A supply fee of \$85.00 will be due by June 1, 2026. This will be used to purchase supplies your child will need throughout the school year. A late fee of \$30 will be added if not paid by June 10, 2026. No school supply list will be sent home.**

**\*Early Bird is from 7:45am-8:20am. Please indicate if your child will attend. Drop in will be \$5 per day and will require 24-hour notice.  yes  no**

**\*\*PLEASE ADD \$60 PER MONTH FOR EARLY BIRD if your child will attend more than 2 days per week.**

Kelleytown Baptist Kindergarten does not discriminate against applicants and students on the basis of race, color, and national or ethnic origin.

**PLEASE NOTE THE FOLLOWING:**

1. Please attach a recent photograph of your child to the application in the designated area.
2. The **NON-REFUNDABLE** Registration should be attached to this application.
3. Tuition is as indicated above and is payable by the 1st of every month. We are now accepting Venmo payments. **A LATE FEE OF \$35.00 will be assessed if TUITION is not paid by the 5th of every month unless special arrangements have been made.**
4. Your child will not be considered officially enrolled until the application and **NON-REFUNDABLE** Registration Fee are received.
5. **All checks will be made payable to Kelleytown Baptist Kindergarten.**
6. **5% Discount if tuition is paid in full.**
7. **Sibling registration discount starts with the 3<sup>rd</sup> child. Registration fee will be \$100.00, supply fee will still be \$85.00. Tuition discount starts with 3<sup>rd</sup> child receiving 30% off tuition.**

**FIELD TRIP PERMISSION and PICTURE PERMISSION**

My child, \_\_\_\_\_, has permission to travel with the Kelleytown Baptist Kindergarten children to and from all field trips during the school calendar year of 2026-27. I will not hold the driver, the owner of the vehicle, or the church responsible or liable for any accident that may occur. Further, I grant permission for my child's picture to appear in a local newspaper, KBK Facebook page or publication as the opportunity presents itself during the school calendar year of 2026-2027.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**KELLEYTOWN BAPTIST KINDERGARTEN**  
**Registration for Admission 2026-2027**

Child's Full Name \_\_\_\_\_

Name Child Goes By \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ GENDER: Male OR Female \_\_\_\_\_

Address \_\_\_\_\_

City /State /Zip Code \_\_\_\_\_

Parent's Names \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Marital Status: (check one)

MARRIED \_\_\_\_\_ SEPARATED \_\_\_\_\_ DIVORCED \_\_\_\_\_ SINGLE PARENT \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name of others living in household:

\_\_\_\_\_

\_\_\_\_\_

**CHURCH AFFILIATION:**

Does Father attend church? Yes \_\_\_\_\_ or No \_\_\_\_\_ If so where? \_\_\_\_\_

Does Mother attend church? Yes \_\_\_\_\_ or No \_\_\_\_\_ If so where? \_\_\_\_\_

Does child attend Sunday School? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY INFORMATION**

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency and parents cannot be reached, the following people can be contacted (*please give relationship to child*)  
 1) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone) \_\_\_\_\_

2) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone) \_\_\_\_\_

3) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone) \_\_\_\_\_

**MEDICAL HISTORY OF CHILD**

**Please attach a copy of the South Carolina Certificate Of Immunization for your child to this application.**

Any evidence of hearing difficulties? Explain \_\_\_\_\_

Any evidence of

vision difficulties? Explain \_\_\_\_\_

Speech disabilities? Explain \_\_\_\_\_

Allergies (food, medicine, etc.)? Explain \_\_\_\_\_

Other? Explain \_\_\_\_\_

Behavior Issues\_\_\_\_\_

**Kelleytown Baptist Kindergarten Agreement / Medical Consent Form**

2609 Kelleytown Rd, Hartsville, SC 29550

(843) 332-8092

*This agreement form will be used from August 2026 to May 2027*

Name: \_\_\_\_\_ SS # \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Cell # or Pager #: \_\_\_\_\_

If not available in case of emergency, notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

or/ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child allergic to ANYTHING: YES or NO (If yes please explain)

Does your child have any medical or health problems: YES or NO

(explain also, list any type of medication he or she is taken &amp; what time to take it)

Name of Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Name of Insurance Co: \_\_\_\_\_

Policy Number of Insurance Co: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Phone Ins. Co: \_\_\_\_\_

**Copy of front & back of insurance card must be attached to this form.**

By signing below, you will be in agreement that you do not hold Kelleytown Baptist Church responsible for any bodily or personal injury sustained during activity, except gross negligence on part of the sponsor such as: fault of business or ownership.

In the event – I give my permission to the Kindergarten Faculty or the Staff of Kelleytown Baptist Church to obtain the services of a licensed physician. Reasonable efforts will be made to contact parent / guardian in case of such an emergency. YES or NO (If No – please explain).

Parent / Guardian Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*PLEASE ATTACH COPY OF BIRTH CERTIFICATE AND MUNIZATION RECORD**

MY CHILD WILL BE PICKED UP AFTER SCHOOL BY:

1. Parent (s)

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2. Other Persons

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IF ANY CHANGES OCCUR IN THE AFOREMENTIONED INFORMATION, I WILL IMMEDIATELY NOTIFY MY CHILD'S TEACHER BY CALLING OR SENDING A NOTE.

**FURTHER, I HAVE READ AND UNDERSTAND THE GUIDELINES AS OUTLINED IN THIS APPLICATION AND VERIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.**

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Parent's Signature

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Date

Kelleytown Baptist Kindergarten  
2609 Kelleytown Road  
Hartsville, SC 29550  
843-332-8092 (Office)  
Email: [Mitzi@kelleytown.org](mailto:Mitzi@kelleytown.org)