

FALL 2024



STEPS TO REGISTER

1. **Read** thoroughly the brochure of rate information. Look especially for the class and rate information of the program of your interest.
2. **Complete** all enclosed forms. In this packet you should have:
 - Registration / emergency form
 - DSS form 2900
 - Parent agreement / Medical release form – to be notarized preferably **prior** to registration (Renee is a notary)
 - Immunization certificate: Check with Renee to see if your child's certificate is current or get an original from child's doctor or health department 864-372-3270 Immunization Dist. - Region 2 P.O. 2507 University Ridge Greenville, SC 29602 (sometimes takes 72 hours) **Religious Exemption immunization certificates not accepted**
 - Brochure with rates and class schedules
3. If you arrive early, take note of who comes in after you. So that we may fairly take your registration in the order of your arrival, registration NUMBER CARDS will be available at 8:30am. All spots are on a first come basis.

Teacher assignments are made during the summer. We will balance class ratios: boys to girls – and personality make-up of the class before we consider any requests.

Thank you for your cooperation in this matter.

Malia Taylor

<p>Kindergarten (3,4,5) & Late Stay Registration Registration Fee = 1 month's (K) tuition K3-2day \$160, K3-3day \$215, *K3*-5day \$300 K4-3day \$215 , K4-5day \$300 K5-5day \$350</p> <p>ALL K3 children must be completely potty trained when school begins. Must also be age 3 by Sept. 1st. <i>Registration fees non refundable</i> K3* 5day option if enough interest – alert Renee prior to registration day</p> <p>Registration times: 9am – 11am Church Families – 1-04-24 Enrolled families – 1-10-24 Open to Public – 1-24-24</p>	<p>MDO Registration (age 5 mo. - 2's) Registration Fee \$112 / 1 day per week \$224 / 2 or more days per week</p> <p>birthdates 9-1-21 and younger must be age 5 months to begin <i>Registration fees non refundable</i> Wednesdays are a possibility – if enough interest</p> <p>Registration times: 9am – 11am Church Families – 1-04-24 Enrolled families – 1-10-24 Open to Public – 1-24-24</p>
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4. The Parent agreement / Release form needs to be notarized. (WEEKDAY Secretary) can do this for you **before** your day of registration.
5. **PLEASE HAVE THE PACKET INFORMATION COMPLETED WHEN YOU ARRIVE.**
6. Make checks payable to EDWARDS ROAD BAPTIST CHURCH WEEKDAY with notation at bottom for type registration (K or MDO) – **Please have correct change if paying cash.** Unable to accept credit card.

Questions – Contact Malia Taylor @ WEEKDAY OFFICE – 864-292-0194, fax 864-770-0304

e-mail
rblackwelder@erbc-sc.org
mtaylor@erbc-sc.org

website
www.edwardsroadpreschool.org

Edwards Road Baptist WEEKDAY 2024 - 2025



Year begins **September 3, 2024** thru **May 21, 2025**

1050 Edwards Road * Greenville, SC * 29615 * (864-292-0194)

Registration / Emergency Form

DSS registration #266

Office use
 Class: _____
 _____ pic
 _____ email
 _____ phone
 _____ allergy?

_____/_____/_____ (____) ____-____-____
Child's last name First Name Middle Name Sex Child's Date of birth

Edwards Road Baptist Church Weekday admits students of any race, color and national or ethnic origin

Circle program and days child will attend:

<p style="text-align: center;">MDO 9am – 2pm</p> <p>Registration = \$112 - \$224 max) Classes operate September thru May Registration fees non refundable Circle choices Babies 5 mo * 1's * 2's</p> <p style="text-align: center;">M Tu W Th F</p> <p><small>1 day \$112mo ,2 days \$224mo, 3 days \$336mo, etc...</small></p>	<p style="text-align: center;">Kindergarten 9am – 12pm</p> <p>Registration = 1 month tuition Classes operate September thru May Registration fees non refundable</p> <p style="text-align: center;">K3MWF \$215 * K3Tu / Th \$160 * K3 (5 day) \$300</p> <p style="text-align: center;">K4MWF\$215 + K4TRF\$215</p> <p style="text-align: center;">K4 (5 day) \$300 + K5 (5day) \$350</p>	<p style="text-align: center;">Late Stay 12pm – 2pm</p> <p style="text-align: center;">\$12 daily</p> <p style="text-align: center;">Circle choices</p> <p style="text-align: center;">M Tu W Th F</p>
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siblings in family –

siblings in family –

_____(____) ____-____-____
 Child's name Sex Date of birth

_____(____) ____-____-____
 Child's name Sex Date of birth

_____(____) ____-____-____
 Child's name Sex Date of birth

_____(____) ____-____-____
 Child's name Sex Date of birth

Parent Information

MOM: _____ date of birth ____-____-____	DAD: _____ date of birth ____-____-____
Mom's e-mail _____	Dad's e-mail _____
Mom's cell # _____ carrier for texting : ATT, T-Mobile, Sprint, Verizon, other _____	Dad's cell # _____ carrier for texting : ATT, T-Mobile, Sprint, Verizon, other _____
Mom's occupation _____	Dad's occupation _____
Mom's employer _____	Dad's employer _____
Mom's Driver's license# _____	Dad's Driver's license# _____
Member of any church? YES NO Name of church mother attends _____	Member of any church? YES NO Name of church father attends _____

Authorized pick-up #1 / Emergency contact– other than parent Name _____ Phone _____ Relationship to child _____ Drivers License # _____	Authorized pick-up #2 / Emergency contact – other than parent Name _____ Phone _____ Relationship to child _____ Drivers License # _____
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Today's date ____-____-____ Comments _____

South Carolina Department of Social Services
Child Care Regulatory Services

GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD CARE FACILITY

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: Edwards Road Baptist WEEKDAY reg # 266 County: Greenville

Address: 1050 Edwards Road Greenville, SC 29615
Street Address - no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility FROM _____ am/pm TO _____ am/pm

If Child is a drop-in, indicate hours of care: FROM _____ am/pm TO _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch
 Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address _____ City, State, Zip _____ Telephone _____
Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

_____ Edwards Road Baptist WEEKDAY _____
Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

Parent Agreement / Release Form (to be notarized)



Medical Release – (for each registered child)

I hereby authorize Edwards Road Baptist Church Weekday Early Education 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 Edwards Road Baptist Church or the Weekday Early Education Program financially responsible for these costs. I do hereby release Edwards Road Baptist Church, Weekday Early Education 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 the Weekday Program of Edwards Road Baptist Church.

Field Trip Release K4 & K5 CHILDREN ONLY

I UNDERSTAND THAT SPECIAL TRIPS ARE PLANNED FOR THE CHILDREN AWAY FROM THE CENTER THROUGHOUT THE SCHOOL YEAR. I AM AWARE THAT I WILL BE SIGNING A PERMISSION FOR EACH EXCURSION AS IT IS TO OCCUR AND THAT EACH TRIP WILL BE CAREFULLY ARRANGED AND SUPERVISED BY AN ADEQUATE NUMBER OF ADULTS. I AM WILLING TO ASSUME THE RESPONSIBILITY FOR MY K4 or K5 CHILD, _____ TO PARTICIPATE WITH THE EDWARDS ROAD BAPTIST CHURCH WEEKDAY EARLY EDUCATION PROGRAM ON THESE TRIPS.

NO YES




PHOTOGRAPHS taken of my child at Edwards Road Baptist WEEKDAY may be published in any of the WEEKDAY or Church literature, newsletters, WEBSITE, etc...



NO YES

You have my permission to share (for classmate parents)

Share e-mail?  **NO YES** e-mail address _____

Share Phone #?  **NO YES** phone # _____ - _____ - _____

EDWARDS ROAD BAPTIST CHURCH WEEKDAY PROGRAM ADMITS STUDENTS OF ANY RACE, COLOR, AND NATIONAL OR ETHNIC ORIGIN. DSS REGISTRATION #266

Parent Signature _____

Date _____

Subscribed and sworn to before me this _____ day of _____

State of South Carolina County of Greenville

Notary Public _____ My commission expires _____

DHEC SC CERTIFICATE OF IMMUNIZATION

ERBC WEEKDAY requirement before your child can attend

Our facility is registered as #266 with DSS

**Submit up to date DHEC-4024 or 2740 certificate
from child's Doctor or SC Health Department**

DHEC Department of Immunization 1-855-472-3432

(Check with Renee, there may be an up to date form in your child's file.)

Doctors office may send certificate via fax to 864-770-0304

or email the certificate to you and you can forward to rblackwelder@erbc-sc.org

or submit an up to date certificate to the WEEKDAY office

This must be updated during the year as children get new vaccines.

South Carolina Immunization Requirements for Childcare 2022-2023

The following minimum requirements are necessary for childcare. These requirements will be effective as of July 1, 2022. This includes preschool attendance for 4K programs and younger. **A SC Certificate of Immunization with an expiration date is acceptable to allow for age-appropriate completion of vaccination series.** No child can attend childcare or preschool for more than 30 days past the expiration date of the certificate.

By This Age:	Minimum Number of Required Doses:							
3 months ¹	2 Hep B	1 DTaP ²	1 Hib ³	1 PCV13 ⁴	1 IPV			
5 months	2 Hep B	2 DTaP ²	2 Hib ³	2 PCV13 ⁴	2 IPV			
7 months	2 Hep B	3 DTaP ²	2-3 Hib ³	3 PCV13 ⁴	2 IPV			
13 months	2 Hep B	3 DTaP ²	2-3 Hib ³	3 PCV13 ⁴	2 IPV			
16 months	2 Hep B	3 DTaP ²	3-4 Hib ³	4 PCV13 ⁴	2 IPV	1 MMR	1 VAR	
19 months	3 Hep B	4 DTaP ²	3-4 Hib ³	4 PCV13 ⁴	3 IPV	1 MMR	1 VAR	1 Hep A ⁵
2 years	3 Hep B	4 DTaP ²	3-4 Hib ³	4 PCV13 ⁴	3 IPV	1 MMR	1 VAR	2 Hep A ⁵
4 years (childcare and/or 4-K)	3 Hep B	4 DTaP ²	3-4 Hib ³	4 PCV13 ⁴	3 IPV	1 MMR	1 VAR	2 Hep A ⁵

Please note: Children enrolled in grade 5K or greater and enrolled in a childcare facility (e.g., after school and/or summer program) must meet school immunization requirements and have a valid SC Certificate of Immunization on file at the childcare and school facility.

Pursuant to Section 44-29-180, South Carolina Code of Laws, "...no owner or operator of a public or private childcare facility as defined in Section 63-13-20 may...enroll or retain a child or person who cannot produce satisfactory evidence of having been vaccinated or immunized so often as directed by the Department of Health and Environmental Control. Records of vaccinations or immunizations must be maintained by the institution, school or day care facility to which the child or person has been admitted."

certificate of

Religious Exemption for immunizations **not accepted**