

JOHN KNOX KINDERGARTEN AND PARENT'S DAY OUT PROGRAMS REGISTRATION  
FALL OF 2025 ENROLLMENT



Dear Families,

Thank you for your interest in John Knox Kindergarten and Parent's Day Out Program! We are glad you are considering our program and we hope to accommodate as many families as possible in the **2025-2026 school year**. We are proud of our faith-based program that has served our community for over sixty years! Our loving and nurturing staff strives to make this a place where parents feel confident about leaving their children and where the children feel safe, happy, and loved!

This year our registration opens to the community on **Tuesday, January 21<sup>st</sup> and Wednesday, January 22<sup>nd</sup>**. I will accept registration forms and fees in our gym from **8 am – 10 am** on these two days. You are welcome to contact me on the 17<sup>th</sup> to check availability for your preferred class/days options prior to the first day of registration. You can text me @ 864-616-4617.

After January 22<sup>nd</sup>, if you would like to register, you will need to contact me about availability and a registration appointment.

(Our wait lists start when a class or day is filled.)

You will need to bring the following forms with you, completely filled out, along with your method of payment for the entire nonrefundable registration fee. We accept cash, check or credit cards (VISA, MC & AMEX)

Tip-Please do not complete your check until you are at the registration table as the option you prefer may not be available.

**Forms:**

**\*Kindergarten & PDO Registration Form** (per child), **\*Extended Hours Registration Form** (per child), **\*DSS Form 2900** (per child) **\*Health, Medication & Discipline Policies** (per child) **\*'25-'26 Permission Granted** (per child)

The remaining required forms will be emailed to you this summer and collected at orientation. The updated **Parent Guidelines** will be available on our website [JKKindergarten.org](http://JKKindergarten.org).

Availability is on a first come, first serve basis and all registration forms and the nonrefundable registration fee must be turned in to me, the director, personally. Please call me if you need more details about our program, have questions about registering, or to schedule a tour.

Tami Wall, Director [twall@johnknoxpres.org](mailto:twall@johnknoxpres.org) 864 322-0045

**John Knox Presbyterian  
Kindergarten & Parents' Day Out Registration '25- '26 School Year  
PLEASE PRINT CLEARLY!!!**

Date: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Name they prefer to be called: \_\_\_\_\_

Sex - M or F      Date of Birth: \_\_\_\_\_ Age as of Sept. 1<sup>st</sup>: \_\_\_\_\_

**Home Street address:** \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent 1:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell number: \_\_\_\_\_ Work number: \_\_\_\_\_

Employer name and address: \_\_\_\_\_

**Parent 2:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell number: \_\_\_\_\_ Work number: \_\_\_\_\_

Employer name and address \_\_\_\_\_

**\*\*\*\*Below this line completed by John Knox staff\*\*\*\***

**Class Enrolled In:** \_\_\_\_\_

**Please read carefully, by signing below you are acknowledging and agreeing to the following:**

Application is hereby made for admission of my child to the John Knox Presbyterian Church Kindergarten or Parents' Day Out program. The non-refundable registration fee of \$\_\_\_\_\_ has been paid and I understand that the monthly tuition of \$\_\_\_\_\_ and extended fees of \$\_\_\_\_\_ is due by the 15<sup>th</sup> of each month. There is a 5% discount if the full year's tuition and/or extended fees are paid in full by Sept. 15<sup>th</sup>. There is a late fee of \$20 if tuition is paid after the 20<sup>th</sup> of the month and \$1 per minute if a child is not picked up by the stated pick-up time.      **\*\*See handbook for details\*\***

**Snack/Material Fees:** All PDO Toddlers through Kindergarten children will have a one-time fee of \$33 per weekly days enrolled. This annual fee covers DHEC mandated snacks, some classroom supplies and art materials.

Ex: 3 days = \$99, 4 days= \$132, 5 days= \$165, etc. This fee is due Sept. 15<sup>th</sup>. There is no snack fee for Infant classes, however, once a child begins finger foods, parents will be required to provide snacks for their child to keep at school. If a child brings his/her own snacks from home due to allergies, we will reduce the one-time snack/materials fee.

I understand that my child must be in good health to attend school and I further understand that no refunds will be given during any month for either absences or withdrawals.

**I understand that my child must be \*fully toilet-trained before beginning the K-3 program and that the Sept. 1<sup>st</sup> deadline for birthdates will be strictly followed.**

**Liability**

The staff at John Knox Presbyterian Church Kindergarten & Parents' Day Out program makes every effort to prevent accidents but in the event one should occur, I understand that neither the school nor the church accept any liability. I give JKPC staff permission to seek emergency medical care for my child if needed, including providing transportation and appropriate initial care for any injury in the event that either parent or the emergency contact(s) provided are unable to be contacted. No medications will be given to my child without instructions from parent, guardian or appropriate medical personnel and without proper documentation.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please see our handbook for full explanation.**

**Extended Hours Program:**

Tuition covers our kindergarten and Parents Day Out program time of 9:00 AM to 1:00 PM.

You may enroll for additional time slots for the program days your child attends.

Early Stay and Late Pick-up times will apply consistently for each day enrolled.

The schedules will not vary from day to day. Spaces are limited and based on availability.

+Add 8 AM arrival (\$12/mo, per total weekdays enrolled)

M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ Fr \_\_\_\_\_ = \$ \_\_\_\_\_ per mo

+ Add 3 PM pick-up (\$44/mo per total weekdays enrolled)

M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ Fr \_\_\_\_\_ = \$ \_\_\_\_\_ per mo

+Add 5 PM Pick-up (\$88/mo per total weekdays enrolled)

M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ Fr \_\_\_\_\_ = \$ \_\_\_\_\_ per mo

**Note: The same pick-up time must be chosen for all enrolled days.**

**Important Notes:**

Tuition/Extended Hours payments will be due by the 15<sup>th</sup> of the month and will be considered late after the 20<sup>th</sup> of the month. Any tuition/Extended Hours paid after the above stated dates will be charged a \$20 late fee. A \$15 fee will be charged for returned checks. A 30-day notice is requested for dropping Extended Hours or withdrawal from our program. **No refunds are given for any portion of a month. No refunds are given for absences.**

## SIGNATURE AND ADDITIONAL INFORMATION PAGE

Child's Name \_\_\_\_\_ **(PLEASE PRINT!)**

**\*\*\*This section is meant for additional people who can pick up your child if you are unable to, other than yourself, your spouse and IN ADDITION TO those listed on the DSS FORM 2900. Please give the names of persons to whom your child can be released:**

Name/Relation to child \_\_\_\_\_

Phone #'s \_\_\_\_\_

Name/Relation to child \_\_\_\_\_

Phone #'s \_\_\_\_\_

Please give us any other information you think would help us care for your child.

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Our updated book of Parent Guidelines, available on line, or a hard copy upon request, contains crucial information about our program. (**JKKindergarten.org**) These guidelines include what you can expect from us as well as what we need from you the parent or guardian in order for your child to have the most successful experience at John Knox Kindergarten! Please read them carefully and contact Tami Wall with any questions at [twall@johnknoxpres.org](mailto:twall@johnknoxpres.org).

I, \_\_\_\_\_, **(PLEASE PRINT)** have completely read and understand the policies and information depicted in the book of Parent Guidelines.

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Date)

## John Knox Kindergarten & PDO Health, Medication & Discipline Policies

### **General Health:**

Present health of the child: \_\_\_\_\_

Diseases the child has had: \_\_\_\_\_

Serious illnesses or accidents: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergy information on file with the director? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any medical problems we need to be aware of? \_\_\_\_\_

Does your child have any bowel or bladder irregularities? \_\_\_\_\_

How does your child react to:

Other children? \_\_\_\_\_ Adults? \_\_\_\_\_

Are there any separation issues? If so, how do you deal with them? \_\_\_\_\_

Are you aware of any learning problems? \_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_

Is there anything else we need to know about? \_\_\_\_\_

### **Medication Policy:**

John Knox Kindergarten and PDO will keep the administration of medications to students at a minimum or in emergency situations only. The Director must be informed prior to any administration of medication & the following will be followed:

1. The only medications that we will administer to children are:
  - Diaper creams/powders
  - Gas drops for infants
  - Breathing treatments as prescribed by a doctor for children with asthma
  - Benadryl and/or inhalers in allergic situations
  - Epi-pens for allergic reactions
  - Minor cuts, scrapes, bug bites and bee stings (if no allergy) will be treated by washing the area with warm, soapy water/ice pack/Band-Aids

\*\*\*\* We will NOT administer any over the counter cold/cough/general hay fever type medicines
2. Parents/Guardians must provide a written/signed consent to the Director prior to the administration of any approved medications.
3. All medication/ Epi-pens (with the allergy treatment form from the parents) shall be kept in a high or locked cupboard out of reach of the children, the Director's office or in the wall medicine safe on the kindergarten hall. Each teacher will keep a child's epi-pen in their possession if on a field trip.
4. All approved medication must be in its original container and be labeled (prescription label if applicable) with the child's name, parent or physician's name, pharmacy, medication, dosage, frequency, starting date and end date, if applicable. An "Individual Record of Medication Given" shall be signed by the parent and if applicable, posted with the medication. Staff members will double check the label prior to administering any medications and if the label is illegible, parents will be informed and medication will not be administered.
5. If a child needs an unauthorized prescription or over the counter medication for colds, coughs, lasting effects of recent illness, etc, a parent or parent designee must come and administer that medication.
6. Per DSS regulations, medications cannot be left in diaper bags or backpacks in reach of other children
7. Parents will be notified immediately if an adverse reaction to medication occurs.

Please keep your child at home if he/she has a sore throat, nausea, diarrhea, very loose bowels, skin rashes, vomiting, severe cough, ear aches, enlarged glands, thick or colored nose mucus, pink eye or a fever.

Your child must be fever, diarrhea and/or vomit free for 24 hours before returning to school. A fever is anything 100.4+, taken with an ear/touch free thermometer. **There must be a 24 hour fever free period without any over the counter medications.**

If a child develops any of the above symptoms or complains of generally not feeling well, a parent will be notified to pick them up immediately.

Please notify your teacher if your child contracts any contagious illness. We do everything we can to insure the health of our teachers and children. We appreciate your help in preventing the spread of communicable disease & sickness!!

**Discipline Policy:**

Discipline procedures are as follows:

1. The child is given several gentle reminders of acceptable behavior and redirected when possible.
2. The child is removed from the activity in which the behavior is occurring and redirected by the teacher to another activity.
3. The child loses the privilege of playing in a particular center or activity for a specified amount of time appropriate for the child's age. Teachers may have their own behavior system in which the child may lose a token or symbol at this age.
4. The child is removed to a time out or calming area inside the classroom and for a time period that matches their age and/or the teacher will take the next step in their own classroom behavior system such as actions defined by 'positive or conscious discipline' philosophy. Parents will be notified by the teacher when this step occurs.
5. If inappropriate behavior continues, the time out process will be repeated and the Director will be notified.
6. When these steps have been exhausted, a parent conference will be called and include the parents, Director and the teacher. Suggestions may be made to help modify the behavior or outside resources may be recommended.

\*\* When steps 4, 5 and 6 are reached, documentation of the incident, activity and behavior will be made.

**I have read and understand the Health, Medication and Discipline Policies for John Knox Kindergarten and PDO program.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**'25-'26 PERMISSION GRANTED**

**Child's Name** \_\_\_\_\_ **Class** \_\_\_\_\_

**On-Site 'Field Trips':**

I give permission for my child to go with his/her class and the appropriate staff on all on-site field trips. I understand that throughout the year some special events may use church spaces that are not part of our kindergarten and PDO areas. These spaces may include the Fellowship Hall, the Sanctuary, the Chapel, the Youth Activity Room, hallways, parking lots and the grounds around the church.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Hand Sanitizer:**

I understand that hand washing with soap and water will be done regularly with my child. However, there will be times such as on the playground or in the gym that hand washing may not be possible. In this case I give permission for a staff member to provide a squirt of approved (alcohol 63% or higher) hand sanitizer in my child's hand. I understand that the teachers will oversee my child to ensure he/she rubs the liquid effectively on his/her hands.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Health and Sickness Protocol**

I have read these guidelines. I understand that John Knox Kindergarten & Parents' Day Out staff will do their very best to follow these guidelines as much as possible. I understand that parents will be informed of any changes as information becomes available. I, in turn, will do my very best to check my child's health on a daily basis and keep my child home according to criteria of guidelines.

**Parent Signature** \_\_\_\_\_

**Photo Release:**

There are opportunities through the school year for photos to be taken of various activities that the children are involved in. These include but are not limited to: music, art class, field trips, chapel, special activities, etc. In order to take any photos of your child, we must have your permission. Please be assured that photos only will be used and no other personal information will be written or posted.

YES / NO I give permission for my child's photo to be used in classroom displays, bulletin boards, Newsletters and other activities that may occur at John Knox Kindergarten and PDO.

YES / NO I give permission for my child's photo (only, no name) to be used on the John Knox Kindergarten & PDO closed Facebook page.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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: \_\_\_\_\_ County: \_\_\_\_\_ Select County ...

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

\_\_\_\_\_  
Name of Child Care Facility

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Operator/Staff Designee