



Second Baptist Christian Preparatory School
353 Laurens Street
Aiken, South Carolina 29801
(803) 502-0710

2017-2018

Date of Enrollment _____ Birth Certificate _____

Number of Children in Program _____ Social Security _____

Child's Name (Last) _____ (First) _____ (MI) _____

Address _____ City _____ State _____ Zip Code _____

Age _____ Gender (M/F) _____ Date of Birth _____ Place of Birth _____

Name of Mother/Legal Guardian(s) _____

Place of Employment _____

Occupation _____ Highest Education Level Completed _____

Work Phone _____ Home Phone _____

Name of Father/Legal Guardian(s) _____

Place of Employment _____

Occupation _____ Highest Education Level Completed _____

Work Phone _____ Home Phone _____

Student resides with _____ Relationship _____

Parents living together Yes _____ No _____

Separated _____ Divorced _____ Deceased _____ Other _____

Number of total people living in the home _____ brothers _____ sisters _____

Emergency Contact Person Other than Parent or Legal Guardian:

Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____

Student Educational Background: School Last Attended _____

Current Grade _____ Name of Last Teacher _____

Does the Child have any physical, emotional, or developmental handicaps that might need special attention: Yes _____ No _____ if Yes, please describe _____

The Second Baptist Christian Preparatory School reserves the right to discharge any member for excessive behavioral problems. Fees will not be refunded for any reason.

I hereby give permission for _____ to participate in Second Baptist Christian Preparatory School and will not hold staff and or volunteers of Second Baptist Church liable. Please sign all pages of this application verifying the information is correct to the best of your knowledge.

Parent/Guardian Signature _____ Date _____



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Medication Information & Release

Child's Name _____ D.O.B. _____

Name of Doctor _____ Office Phone _____

Hospital Preference _____

Name of Medication	Amount to Give	Time to Issue
_____	_____	_____
_____	_____	_____

Insurance Company _____ Policy No. _____

Is it okay for your child to have aspirin? Yes _____ No _____

Is it okay for your child to have non-aspirin Medicine? Yes _____ No _____

Special Diet:
Does your child have ADD/ADHD? Yes _____ No _____

If so, is he/she on medication? Yes _____ No _____

Please list any medical problems that your child has that we need to be aware of _____

Recommendations & Restrictions

I, the Parent/Guardian of this child, have completed this medical information sheet to the best of my knowledge. I understand that the Second Baptist Christian Preparatory School is in no way liable for any injuries that may occur. I do hereby give authority to the staff of the Second Baptist Christian Preparatory School to obtain necessary emergency medical treatment for my child.

Parent/Guardian Signature _____ Date _____



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Escort/Emergency Release Form

(Please Print Clearly)

I authorize you to contact the following persons in case of an emergency. Also the following persons will be allowed to escort and pick-up my child from the Second Baptist Christian Preparatory School.

Child's Name _____ Date of Birth _____

Escorts:

(Name)

(Address)

(Telephone)

(Relationship)

1. _____

2. _____

3. _____

4. _____

Emergency Only:

(Name)

(Address)

(Telephone)

(Relationship)

1. _____

2. _____

3. _____

4. _____

Parent/Guardian Signature _____ Date _____



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Disciplinary Policy

As a Parent/Guardian, we ask that you read these rules aloud with your child. Make sure that he/she understands what type of behavior will be expected. The rules and regulations of the school are as follows:

- * You must respect all staff, volunteers, and adults on the school grounds.
- * You must respect fellow students.
- *Obscene language will not be tolerated.
- *Lying, stealing, and name calling will not be tolerated.
- *All trash must be properly disposed of.
- *Ask permission to be excused to the bathroom.
- *Use "indoor" voices when inside the building.
- *No running and horse playing inside the building
- *You must do your best to keep the school a clean and safe place.

Failure to follow the rules will result in the following actions:

- 1st Verbal Warning-----Everyone gets a chance to make a mistake.
- 2nd Verbal Warning-----Time out for 5 to 15 minutes
- 3rd Verbal Warning -----Written up and notify parent
- 4th Verbal Warning -----Written up and notify parent
- 5th Verbal Warning -----Suspension from the program for 1 to 3 days depending on the severity of the incident

SUSPENSION

Depending on the severity, a child may be suspended but may return when suspension is over under certain conditions. A letter of suspension will be sent home with the child or mailed. This form must be signed by the Parent/Guardian and brought back to the Director in order for the child to return to school. A parental conference must be held in order for the child to return to school. The Director reserves the right to determine the length of suspension.

*NO REFUNDS OF ANY KIND WILL BE GIVEN.

Parent/Guardian Signature _____ Date _____