



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

**2018-2019**

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 \_\_\_\_\_