



Registration Package

School Year: 2024–2025

Returning and Perspective New SBC Prep. Community:

Below, you will see three tiers of payment options for registration. There is a **New Student application fee of \$50.00**. If your child is currently attending SBC Prep., you may pay via Pro Care, Check, or Money order. If you are a new family, you may pay by check or money order only. If you receive the SC Voucher, you are still responsible for the fees below that are associated with each tier minus \$50.00 dollars.

Early registration is from December 21-January 21, the fee for all grades except 5K will be \$300.00 dollars plus a onetime technology fee of \$60.00=\$360.00. Grade 5K early registration fee is \$350.00 (\$50.00 due to the cap/gown for graduation) plus the technology fee of \$60.00 which is a total of \$410.00 dollars.

January 22-February 22, the fee will be \$350 for registration plus the \$60.00 technology fee=\$410.00. 5K the fee will be \$350 for registration, \$50.00 cap/gown, \$60.00 technology fee=\$460.00 dollars.

February 23-March 23, the fee will be \$375 for registration plus the \$60.00 technology fee=\$435.00. 5K the fee will be \$375 for registration, \$50.00 cap/gown, \$60.00 technology fee=\$485.00 dollars .

After March 23, 2024, the registration fee will be \$400.00 for all grades plus the technology fee of \$60.00=\$460.00 except 5K which will increase to \$450.00 dollars (includes cap/gown) plus the technology fee of \$60.00=\$510.00 dollars.

Please complete all forms, front and back, providing printed name, signature, and date as requested.

For first-time students, a copy of the child's 1) birth certificate, 2) South Carolina Certificate of Immunization (up to date, signed and dated by licensed Medical facility), and 3) Social Security card is required to be submitted with the registration package.



Second Baptist Christian Preparatory School
353 Laurens St., NW Aiken, SC 29801
Office: 803-502-0710 Fax: 803-502-1567

December 15, 2023

Welcome to the 2024/2025 School Year!!

Registration for the Academic 2024/2025 School Year has begun. Next year, we will have grades 3K-5th grade. We are requesting that if you are intending to return in the fall you must have your complete registration package turned in no later than March 20, 2024. **New Student application fee is \$50.00.** Below, you will see three tiers of payment options for registration. If your child is currently attending SBC Prep., you may pay via Pro Care, Check, or Money order. If you are a new family, you may pay by check or money order only. If you receive the SC Voucher, you are still responsible for the fees below that are associated with each tier minus \$50.00 dollars.

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We will continue to offer before and after school care there will be a fee for both as follows:

Before school only 3 days or more-\$50 per week

After school only 3 days or more-\$60 per week

Before/after school 3 days or more-\$75 per week

Drop-in daily rate-\$25.00 per day up to 2 days for before/after school

All fees to include book fees (please review the book fees located in your package) must be paid by July 31, 2024.

Please pay close attention to all forms and read them in its entirety. Be sure to complete, front and back, providing printed name, signature, and date as requested. Please make sure that each line has been completed or it will be returned.

For first time students please submit the following: 1) birth certificate, 2) South Carolina Certificate of Immunization (up to date, signed and dated by a licensed Medical facility) and 3) a Social Security card is required to be submitted for your registration packet to be complete.

We look forward to welcoming you to our SBC Prep Family!!!

Sincerely,



Ms. Tabitha Daniels

Principal

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: _____

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

SECOND BAPTIST CHRISTIAN



PREPARATORY SCHOOL

Enrollment Form

Date of Enrollment _____ Birth Certificate _____

Number of Children in Program _____ Social Security Number _____

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

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

Name of Mother/or 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 _____ # of Brothers _____

of sisters _____

Revised on 12/15/22

358 Laurens Street NW, Aiken, South Carolina 29801

Office (803) 502-0710 Fax (803) 502-1567

"CULTIVATING & PLANTING SEEDS FOR THE FUTURE"

SECOND BAPTIST CHRISTIAN



PREPARATORY SCHOOL

Emergency Contact Person Other Than Parent or Legal Guardian: _____

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 (Name of child) _____ to participate in Second Baptist Christian Preparatory School and will not hold staff or volunteers of Second Baptist Christian Preparatory School liable. Please sign all pages of this application verifying the information is correct to the best of your knowledge.

Parent/Guardian Signature

Date

858 Laurens Street NW, Aiken, South Carolina 29801

Office (803) 502-0710 Fax (803) 502-1567

"CULTIVATING & PLANTING SEEDS FOR THE FUTURE"



Second Baptist Christian Preparatory School

353 Laurens St., NW Aiken, SC 29801 803-502-0710

TUITION PAYMENT POLICY 2024/2025

Method of Payments:

1. Annual: This option requires full payment of registration, books, and tuition by July 31, 2024. The total amount of tuition for the year is \$5,600.00. A discount of 10% of tuition (\$560.00) will be given if received by July 31, 2024. If full payment has not been received by July 31, 2024, you will automatically be enrolled in a monthly option of 1 or 2.
2. Monthly: Option one divides the year's tuition into 10 equal installments after the full amount of application fee (New student), registration, technology and book fees are paid. The first installment begins August 1, 2024, the second installment is due September 1, 2024, and the final (10th) installment is due May 1, 2024. This payment is \$560.00 per month for ten months.
3. Monthly: Option two divides the year's tuition into 9 equal installments after the full amount of application fee (New student), registration, technology and book fees are paid. The first installment will begin August 1, 2024, and the final (9th) installment is due April 1, 2024. This payment is \$622.21 per month for nine months.

Penalty for Breaking Payment Agreement is as follows: Payment of one (1) month after withdrawal is required if the child is withdrawn during the school year. Student records will not be sent if there is a balance on your account. Registration, application, technology, and book fees are non-refundable. There is a \$50-dollar late fee if the tuition is not paid by the 5th of each month.

Tuition/Afterschool School Payment Policy

List person(s) responsible for all fees associated with the enrollment of this student at Second Baptist Christian Preparatory School for the school year 2024-2025. By signing below, you acknowledge all costs and expenses for the Second Baptist Christian Preparatory School Tuition Payment Policy.

Student's Name

First Name: _____ Last Name: _____

Payer (1) _____
(Name) (Telephone #)

Payer (2) _____
(Name) (Telephone #)

No student will be registered or allowed to attend classes for the upcoming school year if a balance is owed for the previous school year, summer camp, before/after school, or any other activities associated with Second Baptist Christian Preparatory School.

Payer agrees to pay Second Baptist Christian Preparatory School the sum of \$50.00 for any checks returned by its bank not paid (i.e., insufficient funds, account closed, etc.). The Client further agrees to immediately make payment by cash or money order only. Payment not received for returned checks will be turned over to the Solicitor's Worthless Check Unit Program.

_____ Payer's Initials

No tuition may be released, discharged, or otherwise compromised with the consent of Second Baptist Christian Preparatory School.

_____ Payer's Initials

In addition to application (New student) registration fees, books fees, technology and before/after school fees (optional), Payer is responsible for paying monthly tuition fees. Payer shall be responsible for paying the monthly amount in tuition as well as the non-refundable fees for application, registration, technology, and books. All payments made shall be automatically applied to registration fees and books fees first. Payments thereafter are applied to monthly tuition.

_____ Payer's Initials

Tuition is due on the first (1st) calendar day of every month. Monthly tuition is late on the sixth (6th) calendar day of every month.

_____ Payer's Initials

If Payer fails to make monthly payment in full as required by the 6th of each month, Payer authorizes Second Baptist Christian Preparatory School to charge a \$50.00 late fee. If Payer has failed to make the monthly payment in full within thirty (30) days from the date of bill, Payer authorizes Second Baptist Christian Prep to charge interest at the rate of 18% on any amount still due to include the principal balance of tuition for the 2024-2025 school year. It is further understood that the decision to charge interest or a late fee is discretionary by Second Baptist Christian Preparatory School, and a failure to charge interest or a late fee initially shall not be construed as a waiver of that right. Upon the failure of the Payer to pay account in full including interest within forty-five (45) days of the date of billing, Second Baptist Christian Preparatory School may immediately cease admittance of the student in school activities to include, but not limited to, class attendance, field trips, ceremonies, graduations, school sponsored programs. The Payer shall remain liable for the balance due including interest due and accruing thereafter and shall also be responsible for all reasonable costs incurred in the collection of such

balance, including reasonable attorney's fees of not less than fifteen (15%) percent of the balance due, costs, and all suit money.

_____ Payer's Initials

Payments are to be made at the Second Baptist Christian Prep School office located at; 353 Laurens NW, Aiken, SC 29801. Telephone number is (803) 502-0710. The office's hours are Monday – Fridays from 8:00 am – 3:00 pm.

NOTE: Report Cards, student's records or cap and gown will not be released until all accounts are paid in full.

NOTE: You will receive another copy of this document to sign and return to the administrative office. This document is a part of your child registration and must be returned.

_____ Payer's Initials

SECOND BAPTIST CHRISTIAN PREPARATORY SCHOOL TUITION PAYMENT POLICY 2024/2025

Student's Name: _____

Payment Options: Choose one

All Tuition payments are credited to your child account after application (New Student) registration, technology and book fees are paid in full. There will be a \$50.00 late fee charged to your account after the 6th of each month.

_____ (#1) Full payment of \$5,600.00 (\$560.00 savings) equals \$5,040.00)

_____ (#2) Ten payments of \$560.00

First payment due August 1, 2024

Second payment due September 1, 2024

3rd through 10th payments is due the first of each month.

_____ (#3) Nine payments (Nine payments of \$622.21)

First payment due August 1, 2024

All remaining payments are due on the 1st of each month.

Before school-6:15-7:30

After school (3:30 pm – 6 pm)

Before school only 3 days or more-\$50 per week

After school only 3 days or more-\$60 per week

Before/after school 3 days or more-\$75 per week

Drop-in daily rate-\$25.00 per day up to 2 days for before/or after school

There will be a \$1 per minute fee charged if your child is not picked up by 6:00 pm.

_____ My child will attend before school only.

_____ My child will attend afterschool only.

_____ My child will attend before/after school.

_____ My child will not attend before/or after school.

Payer's Signature: _____

Date: ____/____/____



December 15, 2023

Dear Parents/or Guardians:

The mission of Second Baptist Christian Preparatory School is to continue to provide a world-class education that prepares our students for higher education and beyond. To ensure that all students are learning and thriving in a positive, safe environment, our school has policies related to dress code: Uniform Policy.

Our school staff believes that when students wear uniforms, there is an increased sense of community and pride in our school. When school resumes in August the formal uniform attire will still be on Wednesday's (Dress Up Wednesday's) which is as follows: plaid skirt, peter pan button down collar shirt for girls (which can be purchased at a local vendor's store), criss cross bow tie, navy, black or white tights/or long socks. This will also include a sweater vest, blazer, skirt, and ties (for both boys and girls). The attire for boys will also be navy blue slacks, button down collared/or polo shirt with logo, tie, sweater, vest/or blazer. Monday, Tuesday, and Thursday students may wear navy/or khaki pants, slacks, cargo pants or shorts (boys and girls) with the navy blue or gold logo shirt. Girls may also wear skorts which are located on the website. Please be mindful to order your child's accurate size due to the company will not accept returns. If you do receive merchandise that is too small as a suggestion you may wish to inquire with a seamstress to assist with alterations. We are in the process of working with a local vendor which will eliminate several issues that may occur with purchasing uniforms. Parents students are not allowed to wear jogging pants and or leggings Monday-Thursday. Please note : ALL shirts, sweaters, vest, and blazers must have the LOGO on them from via Cookies company online. (<https://www.cookieskids.com>). Once you have logged in, you will go to the search bar and enter SPCX which will take you to our school page that will have the items specifically for our school.

Our school mascot for the school, are the Bulldogs therefore, we have added a gold t-shirt to be worn Friday's **only** as our casual dress down day. The shirt will have SBC Prep Bulldogs which can be worn with jeans. Currently as you are aware crocs are in style, however, please note that crocs are not allowed with our uniform attire during the week. They may wear them on Fridays. Please keep in mind that the students' have recess or soccer shots on Fridays in which case crocs are not advisable on that day. We will add a sweatshirt for the students to purchase for the fall/winter season. If a student would like to wear all casual clothing, then they will be allowed to purchase a ticket to wear the clothing for \$1.00 by Thursday in which all proceeds will go towards St. Jude's Cancer research hospital. Please be advised the uniform policy will be strictly enforced. If your child has on the inappropriate uniform the parent will be contacted immediately to bring the proper uniform attire.

Please sign and return the bottom portion of this letter to place in our files by July 31, 2024 (during open house). If this information is not received back no later than August 15th, then you will receive a

ECOND BAPTIST CHRISTIAN



PREPARATORY SCHOOL

telephone call from the school regarding this information. It is imperative that we have all information in our files in a timely manner due to licensing requirements.

If you have any questions or would like additional information, please feel free to contact me via DOJO, e-mail at tdaniels@sbcprep.org or phone-803-502-0710.

Sincerely,

Ms. Daniels

SBC Prep. School Uniform Letter Policy 2024-2025

I _____ understand that my child _____
in grade _____ must adhere to the school uniform policy in place. If my child is not in uniform, I agree to provide the appropriate uniform attire in a timely manner. I also, understand that my child must wear the Formal Uniform as outlined on Wednesdays and the regular uniform attire on Monday, Tuesday, and Thursday .Fridays **only** are our casual dress down day.

Parent Printed Name

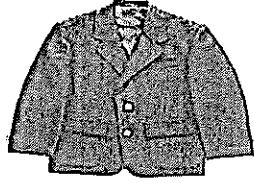
Date

Parent Signature

Date

353 LaurensStreet NW, Aiken, South Carolina 29801

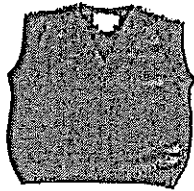
Office (803) 502-0710 Fax (803) 502-1567



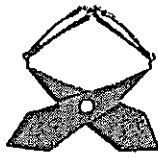
Blazers (Boys & Girls)



Cardigan (Girls)



Vest (Boys & Girls)



Girl's Tie



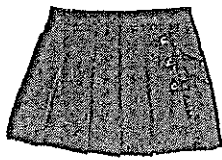
Boy Shorts



Boy's Tie



Skirt



Skort



Girls Shorts



Short Sleeve Polo



Long sleeve Polo

SECOND BAPTIST CHRISTIAN



PREPARATORY SCHOOL

Medication Information & Release Form

(Please Print Clearly)

Child's Name: _____ Date of Birth: _____

Name of Doctor: _____ Office Phone#: _____

Parent/Guardian Signature: _____ Date: _____

Hospital Preference: _____

Name of Medication	Amount To Give	Time To Issue

Name of 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/or ADHD? Yes _____ No _____

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

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

853 Laurens Street NW, Aiken, South Carolina 29801

Office (803) 502-0710 Fax (803) 502-1567

"CULTIVATING & PLANTING SEEDS FOR THE FUTURE"

SECOND BAPTIST CHRISTIAN



PREPARATORY SCHOOL

Medication Information & Release Form, Pg. 2

(Please Print Clearly)

Recommendations & Restrictions:

I, _____ the Parent/or Guardian of _____

have completed this medical information form to the best of my knowledge. I understand that Second Baptist Christian Preparatory School is in no way liable for any injuries that may occur. I do hereby give permission to the staff of Second Baptist Christian Preparatory School the right to obtain necessary Emergency Medical Treatment for my child.

Parent/or Guardian Signature

Date

353 Laurens Street NW, Aiken, South Carolina 29801

Office (803) 502-0710 Fax (803) 502-1567

"CULTIVATING & PLANTING SEEDS FOR THE FUTURE"

SECOND BAPTIST CHRISTIAN



PREPARATORY SCHOOL

Second Baptist Christian Preparatory School (SBC Prep)

Request to Administer Medication at School

Student's Name _____ Date _____

Parent/Guardian Name (Printed) _____

For medication to be administered at SBC Prep, the following information is required per SC Department of Social Services regulations. Also, the medication must come in the labeled prescription container.

1. Child's Name (provided above)
2. Name of medicine _____
3. Name of prescribing doctor _____
4. Time to administer _____
5. Dosage _____
6. Pharmacy Name and Phone # _____
7. Reason for administering at school _____

8. Possible side effects/adverse reactions provided for child's file? Y__ N__

The child's teacher will assist the child in taking the medication at the time(s) noted on this form.

All dosages of the medication will be recorded on a 'Record of Medication Administered to Students' form. The form will be maintained in the child's file.

Please sign below to give your child's teacher your permission to assist with administering the medication named above.

Parent/Guardian Signature

Date

Signature of Teacher Receiving Medication

353 Laurens Street NW, Aiken, South Carolina 29801

Office (803) 502-0710 Fax (803) 502-1567

"CULTIVATING & PLANTING SEEDS FOR THE FUTURE"



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

Emergency Contacts Only

Name	Address	Telephone#	Relationship

Parent/Guardian Signature: _____ Date: _____



Procedure to Release Students from School

(Please Print Clearly)

Second Baptist Christian Preparatory School requires parent or parent designee to escort their child(ren) into the each morning and sign them in. The students are escorted to the individual classes by the classroom teacher. No child will be released from school without parent/or guardian consent. If a student becomes ill during a school day, the director alerts the parent who determines if the child will be released or remain at school. No child will be released from school without parent/or guardian consent. Parents must complete an Escort/Emergency Release Form at the time of enrollment authorizing persons to pick up their child in case of illness or emergency.

The following procedures must be followed when a child is released from school due to illness or emergency:

- a) Parent/Guardian will be contacted to confirm authorization to pick up the child.
- b) Any adult who picks up the child must have their name listed on the Escort/Emergency Release Form completed by the parent at the time of enrollment.
- c) The adult to whom the child is released must present a valid picture identification.

At the end of the day parent or parent designee are required to sign out the child and escort them out the building.

Please be advised that Second Baptist Christian Preparatory School will not release children to parents or any adult listed on the Escort/Emergency Release Form if that individual appears to be intoxicated or under the influence of drugs. Law enforcement will be called if an individual arriving to pick up a child (ren) appears to be intoxicated or under the influence of drugs.

Student's Name

Grade

Parent/or Guardian Signature

Date

SECOND BAPTIST CHRISTIAN



PREPARATORY SCHOOL

Emergency Evacuation Form

(Please Print Clearly)

In the event of an immediate Emergency evacuation, I hereby grant **Second Baptist Christian Preparatory School** permission to transport:

Child's Name: _____ Date of Birth: _____

to the following location: Second Baptist Church or designated facility deemed by Aiken County/or State Officials. The detailed plan for evacuation and disaster are on file and can be reviewed by parents at anytime. I understand that I will be notified as soon as possible and that my child/or children will be cared for until I can pick him/or her up.

Parent/or Guardian Signature

Date

353 Laurens Street NW, Aiken, South Carolina 29801

Office (803) 502-0710 Fax (803) 502-1567

"CULTIVATING & PLANTING SEEDS FOR THE FUTURE"

SECOND BAPTIST CHRISTIAN



PREPARATORY SCHOOL

Publication Release Form

(Please Print Clearly)

I hereby give permission to **Second Baptist Christian Preparatory School** free use of my child's name, image(s) and or student produced work in any media form for publication. Publication may include but is not limited to the school newsletter, the SBC Prep web page/or other social media pages (Facebook, Instagram etc.), school brochure and news paper articles.

Student's Name

Grade

Parent/or Guardian Signature

Date

Opt-Out Option

I _____ Parent/or Guardian of _____
would like to opt out of having my child _____ picture
Published/or taken for any publication and/or social media during the 2023/2024 academic school
year.

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"CULTIVATING & PLANTING SEEDS FOR THE FUTURE"



SBC Prep 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.
- Always remember to BE KIND and BE SAFE!!

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 Citation-Written up and notify parent (s).

4th Offense- Suspension from the program for 1 to 5 days depending on the severity of the incident.

5th Offense- Expulsion from school.

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 Principal/or Director for the child to return to school. A parental conference must be held for the child to return. The Principal/or Director reserves the right to determine the length of suspension.

NO REFUNDS OF ANY KIND WILL BE GIVEN FOR TIME MISSED DURING ANY SUSPENSION.

❖ **Please note that offenses will be incurred on a yearly basis.**

I _____ have read and gone over this disciplinary policy with my child _____
who is in the _____ grade for the 2024-2025 school year.

Signature of Parent

Date

Signature of Student

Date

SECOND BAPTIST CHRISTIAN



PREPARATORY SCHOOL

**SBC Prep "OPT OUT" FUNDRAISER/OR VOLUNTEER HOURS FORM
2024-2025**

Don't want to sell anything, bake anything, buy anything, or generally avoid fundraising of ANY kind?

This year, you can OPT OUT of a traditional fundraiser by making a donation that will 100% DIRECTLY benefit SBC Prep School or you can complete 25 volunteer hours a year to assist wherever needed at the school i.e. Substitute teacher, carline in the morning/or afternoon, In school suspension, after school etc.

\$ _____ I love this school, and I am happy to help, so here's \$15 dollars.
You can still email me at: _____

\$ _____ We are so busy or (lazy) (Lol, just kidding) and wouldn't have responded to any phone calls, emails or sign up on genius lists all year, please enjoy my \$25.00 dollar donation.

\$ _____ Here's \$50 or MORE to forget my name & my face and not ask me for anything else all year except to complete this form!

\$ _____ I volunteer my time and service for 25 hours for the entire year wherever needed to assist with our dynamic school.

Parent (s) Name: _____

Student (s) Name: _____ Grade _____

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"CULTVATING & PLANTING SEEDS FOR THE FUTURE"

SECOND BAPTIST CHRISTIAN



PREPARATORY SCHOOL

PERMISSION FOR FIELD TRIPS

2024-2025

TO: PARENTS/GUARDIANS

FROM: SBC PREP SCHOOL

Due to Covid-19, we will continue to follow proper protocol if there is a exposure to our school. For us to return to some form of normalcy, the SBC Prep Staff will tentatively try and plan several field trips per CDC and DHEC guidelines for the 2024-2025 school year. We urge all students to attend. Please sign below giving us permission to take your child on field trips that may be arranged for the 2024-2025 school year. You will receive written notification of each field trip prior to your child going on a field trip.

CHILD'S NAME:

YES, MY CHILD HAS PERMISSION TO ATTEND ALL FIELD TRIPS.

NO, MY CHILD DOES NOT HAVE PERMISSION TO ATTEND ALL FIELD TRIPS.

PARENT/GUARDIAN SIGNATURE

DATE

353 Laurens Street NW, Aiken, South Carolina 29801

Office (803) 502-0710 Fax (803) 502-1567

"CULTIVATING & PLANTING SEEDS FOR THE FUTURE"



Electronic Communications to Parents

SBC Prep uses a texting system (DOJO) as one means to communicate with parents, individually and as a group.

To do this, we must have a working cell phone for one or both parents/guardians of each student.

Please return this sheet with the cell phone number (s) that should be used for this communication method.

Student Name: _____

Mother: _____ Cell #: _____

Father: _____ Cell #: _____

Guardian: _____ Cell #: _____

Guardian: _____ Cell #: _____

ProCare Software

SBC Prep uses a Childcare Management Software called ProCare. Our ProCare system manages child/family data, attendance tracking, billing and payments, and employment attendance and payroll.

Immediately after enrolling, each family is asked to go into the system and follow the prompts to enter all requested information; do not skip any questions. Also, please post a picture of your child and yourself (Do not choose avatar)!!! Go to the website below to get started:

<https://www.myprocare.com/Default/Index?aWtuPTc2OTQ0MDAwODQmc2NoSWQ9Mq==>

After registering in ProCare, you will be able to access account information and easily pay tuition. The system is safe, secure and was created with your convenience in mind. To access your account:

1. Go to [MyProcare.com](https://www.myprocare.com).
2. Enter your email address and choose *Go*.
3. Enter the confirmation code sent to your email, choose a password, and press *Go*.
4. Then you may:
 - a. View your child's time card, billing statements, and update contact information.
 - b. Use the *Pay* button to make a payment with your card.

SECOND BAPTIST CHRISTIAN



PREPARATORY SCHOOL

Book Fees for School Year 2024-2025
(Due – 7/31/2024)

Grade	Cost
3K	\$ 135.00
4K	130.00
5K	215.00
1 st	410.00
2 nd	400.00
3 rd	415.00
4 th	420.00
5 th	350.00

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"CULTVATING & PLANTING SEEDS FOR THE FUTURE"

Second Baptist Christian Preparatory School

2024-2025 Supply List

3K/4K

2 Pencils (No. 2)
2 (8 Count) Boxes of Crayola Crayons
Elmer's Glue
Book Bag
Kleenex (2 Boxes)
Baby Wipes (2 Packs)
Mat
Small Blanket
Change of Clothing (school uniform)
Disposable Bibs
Lysol/Clorox Wipes (3)
Disinfectant Spray
Crayon Box
3 Bottles hand sanitizer
Plastic spoons
Paper towels (3)
Small picture of student
3 Reams of Copy Paper

1st

3 Spiral Notebooks (200 Sheets)
Book Bag
1 pack of 12 Pencils (No. 2)
Pencil Pouch
Erasers
Ruler (Inches/Centimeters)
Crayola Crayons or Pencils
Kleenex Tissue (4 Boxes)
Clorox/Lysol Wipes
Plastic Spoons
Paper Towels
Wet Wipes
Disinfectant/Cleaner Spray
3 Bottles Hand Sanitizer
3 Reams of Copy Paper

5K

1 pack of 12 Pencils (No 2)
2 (8 Count) Boxes of Crayola Crayons
Erasers
Book Bag
Ruler (Inches/Centimeters)
Wet Wipes (2 packs)
Paper Towels (3 Rolls)
2 Packs of Wide- Ruled loose- leaf Paper
Change of clothing (School Uniform)
2 Spiral Notebooks (200 Sheets)
Lysol/Clorox Wipes (3)
Disinfectant Spray
Small picture of student
Plastic Spoons
3 Reams of Copy Paper
3 Bottles of hand sanitizer
Disinfectant Spray
Pencil Pouch
Kleenex Tissue (2 Boxes)

2nd-5th

Book Bag
Scissors
1 pack of 12 Pencils (No. 2)
1 pack of pens
Erasers
Pencil Pouch
2 Packs Wide-Ruled Loose Leaf Paper
Ruler (Inches/Centimeters)
Crayola Colored Pencils
Pencil Sharpener
3 Bottles Hand Sanitizer
Kleenex Tissue (4 Boxes)
4 (3 Subject) Notebooks
Plastic Spoons
Paper Towels (3 Rolls)
3 Reams of Copy Paper
Disinfectant Spray (2)
Small photo of student

(over)

**Dates of Events (Please note that these dates are
subject to change)**

November 22nd @ 10:00 am- Thanksgiving Dinner (Tickets will be sold)

December 13th – Christmas Program

February 14th – Sweetheart Dance (Tickets will be sold)

February 28th -Black History Program

April 17th- Easter Program

May 9th – Muffins for Mom

May 16th- Coronation for SBC Prep Queen/King

May 23rd – Field Day

May 28th- Donuts for Dad

SECOND BAPTIST CHRISTIAN



PREPARATORY SCHOOL

Parental Policy Statement

(Please Print Clearly)

SECOND BAPTIST CHRISTIAN PREPARATORY SCHOOL policies and requirements are outlined in the student handbook.

I have read all policies, rules, and regulations provided to me by the school.

Child's Name

Grade

Parent Name (Please Print)

Parent Signature

Date

353 Laurens Street NW, Aiken, South Carolina 29801

Office (803) 502-0710 Fax (803) 502-1567

"CULTIVATING & PLANTING SEEDS FOR THE FUTURE"



Second Baptist Christian Preparatory School
353 Laurens St., NW Aiken, SC 29801 Phone: 803-502-0710

RECEIPT OF STUDENT HANDBOOK FORM-PLEASE RETURN!!

I _____ have read and reviewed the SBC Prep. 2024-2025 student handbook with my child _____ in the _____ grade on _____ date. I fully understand that SBC Prep will implement this handbook effective immediately for the academic 2024-25 school year.

Name of Student

Date

Signature of Parent/Guardian

Date

SECOND BAPTIST CHRISTIAN



PREPARATORY SCHOOL

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

The novel coronavirus, COVID-19, was declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious. As a result, the State of South Carolina and Aiken County have issued emergency regulations to address COVID-19.

Second Baptist Christian Preparatory School (SBCPREP), pursuant to current guidelines, has put into place preventative measures to reduce the likelihood of the spread of COVID-19. However, SBCPREP cannot guarantee that you and/or your family will not become infected with COVID-19 during your voluntary attendance at SBCPREP or on the SBCPREP campus grounds.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family and/or I may be exposed to or infected by COVID-19 by attending SBCPREP and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my family and/or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I and/or my family may experience or incur in connection with my or my family's attendance at SBCPREP ("Claims"). On my behalf, and on behalf of my family, I hereby release, covenant not to sue, discharge, and hold harmless SBCPREP, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SBCPREP, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my or our participation in any activities at SBCPREP or on SBCPREP property.

Signature _____

Date _____

Print Name _____

Name of SBCPREP Student(s) _____

Name of SBCPREP Student(s) _____

353 Laurens Street NW, Aiken, South Carolina 29801

Office (803) 402-0710 Fax (803) 402-1567

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Tuition
Express

Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-line tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature

John Sample Mary Sample 123 Main Street Anytown, USA	00226
Pay to the order of _____ \$ _____	Attach Voided Check Here
_____ Dollars	

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SOLUTION

Second Baptist Christian Prep. School Calendar 2024-2025

JULY
1-5 Holiday-Independence Day
29-30 Teacher Workdays
31- Open House

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JANUARY
1-3 Winter Break
6-Students Return from Winter Break
8-Report Cards Quarter 2
20-Holiday-Marlin Luther King, Jr. Day

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST
1-Students First Day Of School
28-Interim Reports Quarter 1

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY
4-Interim Reports Quarter 3
14-Holiday (Weather Make-Up)
17- Holiday-Presidents Day
28- Black History Program @ Second Baptist Church 10:00 am

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

SEPTEMBER
2-Holiday-Labor Day
27- Report Cards Quarter 1/Parent Teacher Conferences- No School
30- Fall Break

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MARCH
11-End Quarter 3
19-Report Cards Quarter 3
31-Spring Break

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

OCTOBER
1-11 Fall Break

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL
1-11 Spring Break
17-Easter Program @ Second Baptist Church-10:00 am/ or Weather Make-Up Day
18-Holiday-Good Friday
28-Interim Reports Quarter 4

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

NOVEMBER
14-Interim Reports Quarter 2
4-5 Holiday-Election Day
25-29 Thanksgiving Break

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY
11- Mother's Day
23- Field Day
26- Memorial Day-No School Staff/Students
28- Honors Day 1/2 Day Early Dismissal 12:00/ No Afterschool
29- Classroom Parties 1/2 Day-Last Day of School Early Dismissal @12:00 noon, No Afterschool
30- 5K Graduation @10:00 am @ Second Baptist Church

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

DECEMBER
13-End of Quarter 2
16-31 Winter Break
13-Christmas Program @10 am-Second Baptist Church

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JUNE

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					