



2008 - 2009

Edwards Road Baptist Church

1050 Edwards Road – Greenville, SC 29615 (864-292-0194)
www.edwardsroad.org rblackwelder@erbc-sc.org

Office use
Class:
Date:

WEEKDAY EARLY EDUCATION PROGRAM

Registration / Emergency Form DSS registration #266

Child's last name First Name Middle Name Sex
home phone# Date of birth Social Security #

Address City State zip code

brothers & sisters names & Birth dates

Circle program and days child to attend: Edwards Road Baptist Church Weekday admits students of any race, color and national or ethnic origin.

Table with 3 columns: MDO 9am - 2pm, Kindergarten 9am - 12pm, Late Stay 12pm - 2pm. Includes days of the week and program codes like K3MWF, K4MWF, etc.

Parent Information

Form with two columns for Mother's and Father's information: Name, employer, occupation, work phone, cell/mobile phone, work hours, social security #, driver's license #, church membership, church attendance, e-mail address.

Form with four columns: Family Doctor, Family Dentist, Family Hospital, Medical Insurance Co. Includes phone and policy # fields.

Form with two columns for authorized pick-up #1 and #2. Fields include Name, Phone, Relationship to child, and Drivers License #.

Known allergies and / or health problems **

Comments

I certify that to the best of my knowledge(child) is in good mental and physical health and able to participate in the W.E.E. program at Edwards Road Baptist Church. (Signature of parent) date

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 CHILD, _____ TO PARTICIPATE WITH THE EDWARDS ROAD BAPTIST CHURCH WEEKDAY EARLY EDUCATION PROGRAM ON THESE TRIPS. _____ YES _____ NO



PHOTOGRAPHS taken of my child at Edwards Road Baptist WEEKDAY may be published in any of the WEEKDAY or Church literature, newsletters, etc... _____ YES _____ NO

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

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____ 20____

State of South Carolina County of Greenville

Notary Public _____ My commission expires _____

Certificate expires* _____

(EXAMPLE OF) SOUTH CAROLINA CERTIFICATE OF IMMUNIZATION

(to be completed by a licensed practitioner of medicine,
 surgery, or osteopathy, or by his or her authorized representative)
 SC Law SC44-29180

Child's Name: _____ Date of Birth: _____ Please make your next appointment for immunization _____	Optional (1) Next Immunization Due Between:	(2) Meets Immunization Requirements** For:
Hepatitis B		<input type="checkbox"/> Day Care <input type="checkbox"/> School
IPV		<input type="checkbox"/> Day Care <input type="checkbox"/> School
DTaP • DT		<input type="checkbox"/> Day Care <input type="checkbox"/> School
Td • Tdap		<input type="checkbox"/> School
Hib		<input type="checkbox"/> Day Care
MMR		<input type="checkbox"/> Day Care <input type="checkbox"/> School
Var	Check this box <input type="checkbox"/> if history of physician diagnosis of immunity to chickenpox	<input type="checkbox"/> Day Care <input type="checkbox"/> School
PCV		<input type="checkbox"/> Day Care
		<input type="checkbox"/> Day Care <input type="checkbox"/> School
		<input type="checkbox"/> Day Care <input type="checkbox"/> School

Medical Exemption due to a vaccine contraindication. This immunization exemption may be permanent or temporary. If permanent, check this box and write in the vaccine(s) for which the permanent contraindication(s) exist: _____

I certify that the immunization status for the named child is accurate.

CHILDREN CANNOT ATTEND THE WEE PROGRAM WITHOUT AN UP TO DATE IMMUNIZATION FORM IN THEIR FILE.

Please submit a DHEC1148 along with your registration information. These are available through the Health Department 242-4321 or your Doctor's office.

DOCTOR'S OFFICES USUALLY REQUIRE 24 TO 72 HOURS TO PREPARE THIS FOR YOU.

IF YOU ARE CURRENTLY IN THE WEEKDAY PROGRAM AT ERBC AND YOUR IMMUNIZATION IS UP TO DATE, PLEASE GET A COPY FROM THE WEE OFFICE TO PUT WITH YOUR CURRENT REGISTRATION.

www.scdhec.gov

Type or _____
 Certifiers _____
 *Certificate _____
 **Immuniza _____