



Beulah Methodist Preschool 2024-2025

161 Beulah Church Road, Gilbert, SC 29054
(803) 892-3793 BeulahPreschool@beulah161.net

Office Use	
___	Registration Fee
___	Immunization
___	Birth Certificate
___	Photo Release

Please place a checkmark by the class in which you wish to enroll your child:

* Child must attain the age below before September 1, 2024. *Monthly tuition is in parenthesis. *Annual nonrefundable registration fee- **\$150**

Nursery Class

- Monday & Wednesday (\$130)
- Tuesday & Thursday (\$130)
- Monday-Thursday (\$220)

1 Year Old Class

- Monday & Wednesday (\$130)
- Tuesday & Thursday (\$130)
- Monday-Thursday (\$220)

2 Year Old Class

- Monday & Wednesday (\$130)
- Tuesday & Thursday (\$130)
- Monday-Thursday (\$220)

3 Year Old Class

- Monday & Wednesday (\$130)
- Tuesday & Thursday (\$130)
- Monday-Thursday (\$200)

4 Year Old Class

- Monday-Thursday (\$180)

- Mom's Morning Out
(Most Friday mornings;
9am-12pm, \$10 per Friday)

Student Information:

Name: _____
First Middle Last Name Called

Street: _____

City: _____ State: _____ Zip code: _____

Student's Date of Birth: _____ Gender: _____

Mother's Name: _____

Home Phone: _____ Cell phone: _____

Occupation: _____ Work phone: _____

E-mail: _____

Father's Name: _____

Home Phone: _____ Cell phone: _____

Occupation: _____ Work phone: _____

E-mail: _____

Persons who have permission to sign out and pick up student (other than parents):

Name: _____ Relationship to student: _____

Phone: _____ Cell phone: _____

Name: _____ Relationship to student: _____

Phone: _____ Cell phone: _____

Name: _____ Relationship to student: _____

Phone: _____ Cell phone: _____

If parents cannot be reached in case of an emergency, please call:

Emergency Contact 1:

Name: _____ Relationship to student: _____

Phone: _____ Cell phone: _____

Emergency Contact 2:

Name: _____ Relationship to student: _____

Phone: _____ Cell phone: _____

Medical Information

Physician's Name: _____
Address: _____ Phone: _____
Preferred hospital: _____

Special Medical Emergency Instructions:

In a medical emergency, do we have your permission to take your child to Lexington Medical Center for treatment or to call your family doctor or other doctor and will you be responsible for the expenses involved?

Yes No

Signature: _____ Date: _____

Health History – Please check the box and explain in the area provided:

Asthma Chicken Pox
Frequent ear infections Diabetes
Frequent stomachaches Epilepsy
Frequent headaches Hyperactivity
Other: _____ Seasonal allergies

Food allergies
Please list any food allergies:

Please explain any health issues or special medical problems:

Is emergency treatment needed for insect bites? YES NO

Please describe treatment: _____

Does child receive any services (speech, occupational, etc.)? YES NO

Please describe: _____

Does child have any serious illnesses? YES NO

Please describe: _____

Does your child have unusual fears? YES NO

Please describe: _____

Does your child cry easily? YES NO

Does your child have separation anxiety? YES NO

Does your child bite others? YES NO

Can your child manage clothes and bathroom needs? YES NO STILL NEEDS ASSISTANCE

Who does your child live at home with? _____

I give Beulah Methodist Preschool permission to take and use photography of my child to use in publications such as, but not limited to, newsletters, bulletin boards, website, social media, etc. YES NO

Beulah Methodist Preschool operates Mondays through Thursdays from 8:30am to 12:30pm from late August to mid-May. Beulah Methodist Preschool follows Lexington School District 1 for Holiday closings and inclement weather closings. Tuition payments will be September through May. Tuition is due on the 1st of the month and considered late if not paid by the 10th of the month. Checks can be made out to Beulah Methodist Preschool. When paying online, you must include a 3% processing fee. Our Paypal is beulahpreschool@beulah161.net. If your child is withdrawn, you are responsible for all monthly fees for that month and a written notice two weeks in advance is required. I understand that all fees, including registration and tuition, are nonrefundable.

Parent Signature _____ Date: _____