



Child's Name: _____

Child's date of birth: _____ Child's age as of 9/1/2026: _____

1. **For children who will be age 4 on or before 9/1/26**, please mark your first choice of days of attendance with a "1" and your second choice with a "2." If you are only willing to consider one option, please do not indicate a second choice. **We cannot guarantee your first choice.**

_____ 5 days/week _____ 4 days/week

*Do you plan to also apply for CCSD Child Development 4K and take the spot there if offered?

_____ yes _____ no

2. **For children who will be age 3 on or before 9/1/26**, please mark your first choice of days of attendance with a "1" and your second choice with a "2." If you are only willing to consider one option, please do not indicate a second choice. **We cannot guarantee your first choice. 3s must be fully potty trained by the start of school.**

_____ 5 days/week _____ 4 days/week

3. **For children ages 1 or 2** please mark your first choice of days of attendance with a "1" and your second choice with a "2." If you are only willing to consider one option, please do not indicate a second choice. **We cannot guarantee your first choice.**

_____ Mon/Wed/Fri _____ Tue/Thurs _____ M/W/F and T/Th (5 days/week)*

*For those requesting 5 days/week for 1-, 2-year-olds, please understand that you are enrolling in two separate classes, and **therefore must pay an enrollment fee for each class** (double the regular enrollment fee). You may write one check for the combined amount. If we are unable to accommodate your child 5 days/week, you will receive a refund of the 2nd enrollment fee.

Enrollment Fees**

- **Priority Enrollment fee: \$200/child** This is for currently enrolled children and their siblings, children who have at least one parent who is an active member of Hibben United Methodist Church, and siblings of former students.
- **Open Enrollment fee: \$250/child** This is for those not eligible for priority enrollment.

Enrollment fees are **non-refundable and non-transferable and will not be applied to current or future tuition for this child or a sibling.

Valid S.C. Certificate of Immunization required before attendance begins.

Staff Use Only below this line

Age group: _____

Days enrolled: M T W T F

Date: _____

Enrollment fee paid: _____ Open enrollment \$250
_____ Priority enrollment \$200
_____ Staff/board member \$100

_____ Cash _____ Check _____ Online

_____ Other _____

Child's full name: _____ Gender: M F

Preferred nickname/name to be called: _____ Date of birth: _____

Child's street address: _____

City _____ State _____ Zip code _____

Mother's name: _____ Employer _____

Mother's driver's license state and number: _____

Father's name: _____ Employer _____

Father's driver's license state and number: _____

Does either mother or father have a different address from the child? _____ Mother _____ Father

Address: _____

Contact information:

_____	Mother's cell	_____	Father's cell
_____	Mother's work	_____	Father's work

Main email address: _____

Child lives primarily with: _____ Both parents _____ Mother only _____ Father only

_____ Other, please specify: _____

Who has legal custody of this child?*

_____ Mother & father jointly _____ Mother only _____ Father only

_____ Other, please specify: _____

*If legal custody is maintained by anyone other than mother and father jointly, please attach a copy of the legal documentation that indicates the custody arrangement. This is necessary if either parent is restricted from picking the child up from school, having access to the child, etc.

How were you referred to Hibben Preschool? Check all that apply

- returning student/sibling of current or former student
- we are members of Hibben United Methodist Church
- church website
- Hibben Preschool Facebook page
- referred by another preschool/daycare; which one: _____
- referred by parent of current/former student, name: _____
- referred by member of Hibben UMC, name: _____
- referred by Trident Child Care Resource and Referral
- referred by a moms' group; which one: _____
- drive by or enrollment sign outside building
- other: _____

Church Affiliation (Questions in this section are for statistical purposes only and will not affect your child's enrollment application in any way.)

Does your family belong to a church congregation or regularly attend a church?

yes no prefer not to answer

If yes, name and location of church _____

Are you interested in being contacted by a pastor or other church staff member about Hibben worship services, children's activities, small group opportunities or other information? yes no

Preferred method of contact: phone email

Questions: _____

Health Information

Does this child have any diagnosed food or medication allergies, or take any daily prescription medications? If so, please list:

Does this child have any developmental disorders or health issues that his/her teachers should be aware of? (Example: ADHD, asthma, autism, hearing or vision impaired, etc.) Please describe:

Does this child currently receive treatment or therapy for any issues listed above? If so, please explain. (Example: speech therapy, orthopedic devices, etc.)

Preschools or daycare centers previously attended and reason for leaving:

**Emergency Medical Treatment and Transportation Consent (1), and
Release of Liability (2), and
Compliance with Hibben Preschool Parent Handbook (3), and
Required Immunization Certificate (4), and
Enrollment/Withdrawal Policies (5)**

(1) In the event of a **medical emergency** while this child is attending Hibben Preschool, a ministry program of Hibben United Methodist Church, I give permission to the staff of Hibben Preschool/Hibben United Methodist Church to arrange for emergency medical treatment to preserve the health of my child until such time when I can be present.

I understand that I, and/or my child's other parent/guardian, will be contacted, and that if I/we cannot be reached, one or more of the designated alternate emergency contact persons will be notified.

I understand that the staff of Hibben Preschool/Hibben United Methodist Church will arrange for **emergency transportation** to the nearest medical facility, if necessary, and that my child may be transported by an ambulance.

I understand that my child's physician may be contacted.

I understand that no guarantees have been made as to the effect of such treatment on my child's condition.

I acknowledge and accept financial responsibility for all charges related to the transport, care and treatment given in such a situation.

(2) In consideration for being accepted by Hibben Preschool/Hibben United Methodist Church for participation in Hibben Preschool and as the parent or legal guardian of this child, I hereby **release and hold harmless** Hibben Preschool/Hibben United Methodist Church and all employees thereof, from any and all liability, claims, or demands for personal injury, as well as damages and expenses, of any nature, that may be incurred by the parent/guardian and/or child participant while the child is participating in Hibben Preschool activities. On behalf of the child participant, I assume all risk of personal injury, damage and expense as a result of participation in Hibben Preschool activities.

(3) I agree to read and abide by the **policies and procedures** in the 2026-2027 Hibben Preschool Parent Handbook, which will be made available to me by August 2026.

(4) I agree to provide Hibben Preschool with a **current SC Certificate of Immunization** for this child, and understand that Hibben Preschool does not accept medical, religious or other exemptions to immunizations.

(5) I understand that **enrollment fees are non-refundable and non-transferable and are not applied to current or future tuition for this child or a sibling.**

I understand that I am not guaranteed to receive my first choice of days of attendance, even if my child is a returning student. I understand that Hibben does not take teacher or classmate requests.

I understand that the first tuition payment (September tuition) for 2026-2027 will be due on August 1, 2026; that subsequent payments will be due on the first of each month, with the last payment being due on April 1, 2027 (May tuition); and that if the first monthly payment is not received by August 4, 2026 my child's space in the program may be forfeited.

I understand that advance notice of one month is required for all student withdrawals, regardless of the date or reason for withdrawal, unless the withdrawal is requested by the school, and that I am responsible for the full tuition amount during the one-month notice, regardless of if or when the vacated space is actually filled by another child.

I am aware of and agree to abide by all of the above, and I accept this as a condition of enrollment for my child(ren) for the 2026-2027 school year.

Signature of parent/guardian

Printed name of parent/guardian

Date