



Coast to Coast Preschool Registration 2024-2025

C2C PreK Location: 203 Holly Springs Rd Lyman, SC 29365

Immunization

Record _____

Student Name: _____

Allergies or Special Conditions: _____

Gender: _____ Birth Date: _____ Start Date: _____

Who does the child live with? _____

Mother's Name: _____ Cell#: _____

Address: _____ Home#: _____

_____ Email: _____

Place of Employment: _____ Work#: _____

Father's Name: _____ Cell#: _____

Address: _____ Home#: _____

_____ Email: _____

Place of Employment: _____ Work#: _____

In an emergency if I am not available please call:

_____ Phone#: _____

The following people have permission to pick up my child:

_____ Phone#: _____ PIN# _____

_____ Phone#: _____ PIN# _____

_____ Phone#: _____ PIN# _____

Please **DO NOT ALLOW** the following people to pick up my child:

Continued on Back

Health Insurance Co.: _____ Plan/Group _____

Doctor's Name _____ Phone# _____

Dentist's Name _____ Phone# _____

Preferred Hospital _____

Releases (please read and initial below)

I understand that my child may participate in water activities while at C2C Preschool. I also understand that all water activities are properly supervised according to state standards and ratios. _____

I understand my child's image may be used in any and all promotional photographs, videos, C2C social media, or websites. _____

That by signing my child into Coast to Coast Preschool, I am giving Coast to Coast Preschool permission to transport my child off camp property and that I understand that my child will participate in field trips. _____

By my signature below, I am responsible for all financial obligations incurred to Coast to Coast Preschool for this child. _____

As the parent or authorized representative, I hereby give consent to Coast to Coast Preschool to obtain all emergency medical or dental care prescribed by a duly Licensed Physician (MD), Osteopath (D.O.), or Dentist (D.D.S.) for my child. My consent includes transporting my child to obtain the medical care needed. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child. _____

I agree not to hold Coast to Coast Preschool responsible for any articles of clothing, personal belongings, electronics, toys, or personal athletic equipment that is lost or damaged by theft, fire, natural disaster, or other occurrences. _____

At Coast to Coast Preschool children are served without regard to race, color, national or ethnic origin or in any other category protected by law. We reserve the right to make decisions regarding camper participation due to physical and/or mental limitations or disabilities. Children with special needs may be enrolled upon mutual agreement between the parents and the director. Reasonable accommodations will be made for individuals with disabilities. Modifications to policies or procedures can be made if the modifications do not fundamentally alter the services the camp provides or adversely affect the operation of the program. _____

By signing below, I understand that any dispute involving Coast to Coast Preschool and myself or my child shall be resolved by way of arbitration through the rules and regulations of the American Arbitration Association. Each party shall bear its own costs and attorney fees in connection with any such action, to the extent allowed by law. _____

I have received the Parent Handbook and will adhere to the policies in the Parent Handbook. _____

I understand that Coast to Coast Preschool provides no accident medical protection. _____

*There are **no refunds or credits given**. (For example, but not limited to: if your child is expelled for disruption or other bad behavior, or if you do not email to suspend your auto-draft) there is no refund provided by Coast to Coast Preschool.* _____

I understand that if I sign up for a payment contract option that in order to break the contract I will have to be up to date on my account and pay a two week broken contract fee. _____

To suspend a payment, I understand that I must email billing@c2ckids.com at least one week previous to the scheduled auto-debit date. _____

I understand that by signing below I am agreeing with all statements above and agree with all policies and procedures in the C2C Preschool Parent Handbook.

Parent's Name (Please Print) _____ Date _____

Parent's Signature _____