



Bloom[®]
FINE ARTS
P R E S C H O O L

Application for Admission 2026-2027

Child's Name: First _____ Middle _____ Last _____

Address: _____

City _____ Zip _____

Phone _____ Child's Birthday _____ Sex _____

Email Address _____

Mother's Name _____ Mother's Day Time Phone _____

If Mother works, name of employer & occupation _____

Mother's Work Hours _____ Cell Phone # _____

Father's Name _____ Father's Day Time Phone _____

If Father works, name of employer & occupation _____

Father's Work Hours _____ Cell Phone # _____

AUTHORIZED PICK-UP PERSONS (Other Than Parents)

1. Name _____ Phone _____

Address _____

Relationship to Child _____

2. Name _____ Phone _____

Address _____

Relationship to Child _____

Child's Doctor _____ Phone _____

Preferred Hospital: _____ Phone _____

Allergies or special health problems _____

Medical Insurance Co. and Policy # _____

OFFICE USE ONLY: Child's Class _____ Teacher _____

Registration Paid: _____



Bloom®
FINE ARTS
PRESCHOOL

Application for Admission 2026-2027

Application is hereby made for enrollment of my child _____ to the class indicated below:

_____ 4 Day Program Monday-Thursday

A non-refundable registration of \$200 is attached. I understand that this fee must be paid before my child will be enrolled and that a monthly fee will be due the 25th of each preceding month through automatic draft. (July-April). August tuition will be pro-rated. School will begin on August 17th, 2026 and will end on May 20th, 2027.

Monthly Tuition: \$440 (Mon-Thurs. 9am-1pm)

Payment Information:

Credit/Debit Card

3% processing fee

Card # _____

Exp. _____ CCV: _____

Billing Zip Code: _____

I hereby authorize Southern Dance Connection, LLC to charge my account for tuition on the 25th day of each month beginning July 25th, 2026 and ending April 25th, 2027.

I understand that this is a full school year program and that I will be billed July 2026-April 2027. If for any reason I need to withdraw, there will be a \$200 withdrawal fee.

I understand that admission will be granted on a space available basis.

I understand that I must submit the attached health statement, parent release form, and a South Carolina certificate of immunization form by the first day of school. The child must be in normal health.

I understand that no refunds will be made for withdrawals or absences.

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE NEXT PAGE



Bloom[®]
FINE ARTS
P R E S C H O O L

Application for Admission 2026-2027

PARENT RELEASE FORM

I (here by) authorize Southern Dance Connection, LLC/Bloom Fine Arts Preschool 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 Southern Dance Connection, LLC/Bloom Fine Arts Preschool financially responsible for these costs. I do (here by) release SDC/Bloom FAP, 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 Southern Dance Connection, LLC or Bloom Fine Arts Preschool.

I allow Southern Dance Connection, LLC/Bloom Fine Arts Preschool to use my child's name and photographic likeness in all forms and media for advertising, trade or any lawful purpose.

Parent Signature _____ Date _____



Bloom[®]
FINE ARTS
PRESCHOOL

Application for Admission 2026-2027

HEALTH STATEMENT

Name of Child _____ Date of Birth _____

Medical History

Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____
Flu _____ Meningitis _____ Convulsions _____ Allergies (list) _____

Is there any evidence of?

Hearing loss or difficulties? _____

Vision difficulties? _____

Speech difficulties? _____

List any

Hospitalizations _____

Operations _____

Other Serious Illness _____

THIS SECTION TO BE COMPLETED BY PHYSICIAN

Immunizations

(Please Attach Copy of Immunization Record)

All immunizations are up to date _____ Yes _____ No If no, indicate reason _____

Is the child free from communicable disease? _____ Yes _____ No

List any medications and drugs taken regularly by the child _____

Other remarks regarding physical condition _____

The above information is correct as of (date) _____

Signature of Physician _____

Address _____

Phone Number _____