



2026–2027 Registration Form

1651 Dutch Fork Rd. • Irmo, SC

Phone: 803-461-4826 • Email: courtneys@gatewaybc.com

Child Information

Child's Full Name: _____

(Circle the name the child is called)

Date of Birth: _____

Age as of September 1, 2026: _____

Gender: Male Female

Address Information

Street Address: _____

City / State: _____ **ZIP Code:** _____

Home Telephone: _____

Parent / Guardian Information

Parent Marital Status:

Married Divorced Separated Other _____

Father / Guardian

Name: _____

Occupation: _____

Place of Work: _____

Telephone: Work _____ Cell _____

Mother / Guardian

Name: _____

Occupation: _____

Place of Work: _____

Telephone: Work _____ Cell _____

Billing / Communication Email Address:

Family Information

Names and Ages of Other Children in the Family:

Church You Attend (if applicable):

Authorized Pick-Up Persons *(Do not list parents)*

Name

Relationship to Child

_____	_____
_____	_____
_____	_____
_____	_____

Emergency Contacts *(Please list name and phone number — do not list parents)*

Additional information about your child that will help us better serve them
(e.g., therapies, diagnoses, allergies):

Program Desired

1-Year-Old Program (2-Day minimum)

(Must be 1 by September 1, 2026)

Monday Tuesday Wednesday Thursday Friday

2-Year-Old Program

(Must be 2 by September 1, 2026)

T/W/TH M/T/W/TH M/T/W/TH/F

3-Year-Old Program

(Must be 3 by September 1, 2026)

T/W/TH M/T/W/TH M/T/W/TH/F

4-Year-Old Program

(Must be 4 by September 1, 2026)

M/T/W/TH M/T/W/TH/F
