

### EMERGENCY FORM

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Social Security number of student \_\_\_\_\_

Parent/Guardian full name (mother) \_\_\_\_\_

(father) \_\_\_\_\_

Mother's home phone number \_\_\_\_\_ Work \_\_\_\_\_

Father's home phone number \_\_\_\_\_ Work \_\_\_\_\_

Cell phone number for mother \_\_\_\_\_

Cell phone number for father \_\_\_\_\_

PLEASE LIST A CODE WORD THAT ONLY PEOPLE AUTHORIZED TO PICK UP CHILD WILL KNOW:

\_\_\_\_\_

Two approved individuals who assume temporary care of the child if you are unavailable:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**In case of serious illness, I request the school to call me. If the school is unable to reach me, I hereby authorize the school to call the physician and the school may make whatever arrangements that seem necessary. In case of hospitalization, please indicate the hospital preferred** \_\_\_\_\_

\_\_\_\_\_

Physician Name \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_

Allergies and/or medical conditions \_\_\_\_\_

May Tylenol and/or Acetaminophen be given? \_\_\_\_\_

May Ibuprofen be given? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

South Carolina Department of Social Services  
Child Care Regulatory Services

GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION  
TO CHILD CARE FACILITY

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: The Carolina Academy County: Florence ☐

Address: 351 North Country Club Road Florence, SC 29560  
Street Address – no Post Office Boxes City, State, Zip

Child's Name: \_\_\_\_\_  
Last First Middle Initial Nick Name

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Child's Current Home Address: \_\_\_\_\_  
Street Address City, State, Zip

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

2. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

Is Child currently enrolled in school? (5K up to 6 years old) ☐ Yes ☐ No

My Child will regularly attend this facility FROM \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

If Child is a drop-in, indicate hours of care: FROM \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

Check all days Child will regularly attend this facility: ☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Check all meals Child will receive daily: ☐ Meals are not offered ☐ Breakfast ☐ Morning Snack ☐ Lunch

☐ Afternoon Snack ☐ Dinner ☐ Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Emergency Care Provider: \_\_\_\_\_  
Emergency Facility Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Dental Care Provider: \_\_\_\_\_  
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization: ☐ Yes ☐ No ☐ N/A Please explain: \_\_\_\_\_

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: \_\_\_\_\_

I certify that to the best of my knowledge \_\_\_\_\_  
Child's Name

is in good mental and physical health and able to participate in the child care program at

The Carolina Academy  
Name of Child Care Facility

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Operator/Staff Designee

# PARENT'S AUTHORIZATION FORM FOR CDCC & GDCH

Day Care Name \_\_\_\_\_ Child's Name \_\_\_\_\_

## A. DISCIPLINE:

Do you understand the discipline policy of the day care? ☐ YES ☐ NO

Does this day care use corporal punishment as discipline? ☐ YES ☐ NO

If so, do you give your permission for the staff to spank your child? ☐ YES ☐ NO ☐ NA

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## B. MEDICINE

I give permission for prescription and non-prescription medicine to be given to my child.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## C. EMERGENCY MEDICAL TREATMENT:

I give permission to \_\_\_\_\_ to obtain emergency medical treatment.  
*Name of Day Care*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## D. PERSONS AUTHORIZED TO TAKE MY CHILD FROM THE DAY CARE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

E. I give permission for my child to be transported to and from the day care. I give permission for my child to be transported on field trips.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

F. I give permission for my child to participate in swimming activities.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

THE CAROLINA ACADEMY AFTER SCHOOL CARE  
PARENTAL AGREEMENT FORM

Please initial each of the following to indicate that you have read and understand this form. If you have any questions or concerns, please see the After School Care Director as soon as possible.

Initial: I fully understand that...

- ☐ 1. All bills are to be paid on Monday mornings.
- ☐ 2. The After School Care program will be open from 2:00 pm until 5:30 pm for children enrolled in TCA ages 3 to sixth grade.
- ☐ 3. Each child must be toilet trained before enrolling in kindergarten or after school care.
- ☐ 4. The After School Care will be closed to observe the following holidays: Good Friday, Memorial Day, Labor Day, Thanksgiving, Christmas, Winter Break, National Election Day, and any other approved days The Carolina Academy is closed.
- ☐ 5. A full week's tuition payment is expected even if your child attends the after school program for a partial week (if you are enrolled for the full week). The staff works at the center full time after school and must be compensated weekly.
- ☐ 6. A late fee of \$5.00 per child for late pickup after 5:30 pm will be charged.
- ☐ 7. If I/we withdraw from the After Care program, I/we agree to give the school one week's notice. If this is not given, I/we agree to pay one week's additional fee.
- ☐ 8. Each child is expected to have a change of clothing that is left at the center to be used for emergencies. The center is not responsible for lost clothing so please mark them accordingly.
- ☐ 9. Parents are expected to enter the building when picking up their child/children.
- ☐ 10. Parents will be called to pick up their child should the child become ill. If the child is sick, parent will not bring him or her to school or to the center.
- ☐ 11. School age children will be encouraged to do their homework or study. Students with homework will be supervised and helped.
- ☐ 12. Corporal punishment will not be administered at our facility; however, there will be a time-out period or cooling-off time when the child may not participate in our activities.
- ☐ 13. Children will be encouraged to play outside in the play area daily, except during inclement weather. Sunscreen will not be supplied or applied by center personnel.
- ☐ 14. In the event of an emergency, the center has my permission to administer First Aid, or obtain emergency medical assistance. I/we agree to pay all expenses incurred due to emergency involving my child.
- ☐ 15. The After School Care center has my permission to administer prescription medication as directed by his/her physician.
- ☐ 16. My child may bring G-rated movies/DVD's on special occasions.
- ☐ 17. No violent video games are allowed.
- ☐ 18. I will not send blankets/pillows, sleeping bags, or toys with my child to After School Care.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2K Policies and Procedures

The following guidelines will be used in the 2K Program. Please read, sign, and return.

### Guidelines/Rules

- Students may not bite or spit.
- Students must follow directions.
- Students must show respect to adults and other students. (No hitting, no kicking, no pinching, no talking back)
- Students must not be disruptive.

### CONSEQUENCES

1st TIME - Goes to calm down corner or Time Out

2nd TIME - Goes to Time Out

3rd TIME - Goes to Time Out

4th TIME - Goes to Time Out and a note will be sent home

5th TIME - Office Referral

### POTTY TRAINING POLICY

2K students are not required to be potty trained to be in the 2K program, however, they will be required to try to go to the bathroom in the 2K class. Disposable diapers/pull ups and wipes will be provided by the parents of each child.

At all times, students and their parents will abide by these guidelines and policies. The Head of School, Mr. Stevie Phillips, will take appropriate action when necessary. Continuous offenses will result in the permanent dismissal from the 2K program.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

## **After School Policies and Procedures**

These guidelines will be used in the After School Care Program. Please read, sign, and return by Friday.

### **Guidelines/Rules:**

- \*Students may not bite or spit.
- \*Students must follow directions.
- \*Students must show respect to adults and other students (no hitting, no kicking, no pinching, not talking back)
- \*Students must not be disruptive.

### **Consequences:**

- 1<sup>st</sup> time – warning(unless it is a major offense such as biting or hitting)\*Further more serious action will be taken for students who exhibit these behaviors.
- 2<sup>nd</sup> time – timeout
- 3<sup>rd</sup> time – parent will be notified when picking up child
- 4<sup>th</sup> time – office referral

### **Potty Training Policy**

It is the policy of The Carolina Academy After School Program that a child may not attend the program unless they are potty trained. This involves using the potty on their own as well as being able to wipe themselves. If there is an “accident”, we need to have a change of clothes ready to go. If not, a parent will need to be contacted to bring clothes to the school.

At all times, students and their parents must abide by these guidelines and policies. The directors of the After School Program as well as the Head of School will take appropriate action when necessary. Continuous offenses will result in the permanent dismissal from the After School Program.

Parent Signature \_\_\_\_\_ Child's name \_\_\_\_\_