Reset

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: ABC Academy, LLC County: Saluda

Address: 405 N Wise Road (Street Address – no Post Office Boxes) Saluda, SC 29138 (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

_____
ABC Academy, LLC
Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

ABC Academy, LLC

General Information

Parent/Guardian's Last Name First Name Middle Initial Social Security Number

Street Address City State Zip Code Phone Number

Spouse's Last Name First Name Middle Initial Social Security Number

Street Address (If different from above) City State Zip Code Phone Number

Parent/Guardian's Place of Employment Work Phone Number

Spouse's Place of Employment Work Phone Number

Medical Authorization and Release:

Child's Name: _____ Social Security Number: _____

In a medical emergency, I hereby authorize ABC Academy, LLC to administer first aid treatment, call parent/guardian immediately if treatment is needed and/or call EMS for transport, or to call my child's physician. I will file on my personal insurance first for all medical bills incurred and then present the same to ABC Academy, LLC in order for them to file on their insurance.

I hereby give my consent for my child to participate in all activities. I also consent to the use of photographs for identification purposes and school functions of my child, use of video monitoring, academic testing/screenings (to include but not limited to (Ages and Stages, Speech/Vision/Hearing Evaluations, and medical screenings (i.e. height, weight, blood pressure screenings, etc.).

I hereby release ABC Academy, LLC from being responsible for any loss or damage to toys, clothes, or other personal property.

I hereby release, indemnify, and hold ABC Academy, LLC, its agents and employees, harmless from any and all claims, damages, or liabilities for injuries to or damage by my child which are not the direct result of gross negligence by ABC Academy, LLC, it agents or employees.

I hereby certify that I am entitled to legal custody and possession of my child, and accordingly am authorized to place my child in ABC Academy, LLC's care and custody, and I am further authorized to sign this authorization and release.

Date: _____ Signature: _____

Parent/Legal Guardian

Date: _____ Signature: _____ & _____

Director/Owner Witness

ABC ACADEMY, LLC

PARENT CONTRACT AGREEMENT

Parental Contracts with ABC Academy, LLC will cover under a 9 hour daily designated time frame with the operating hours of 6:30am until 5:30pm, for the full-time rate of $150.00 per child for infants (under 12 months old), $145.00 for Toddlers (1 year old), and $140.00 for children 2 years old and older per week. Anyone who meets or exceeds the designated 9 hours per their contract will be charged the full-time rate of $165.00 per child for infants (under 12 months old), $160.00 for Toddlers (1-year olds), and $155.00 for children 2 years old and older per week. A $10.00 family discount applies to families with more than one child full time 4 years old or younger per week.

I request that my contract hours be _____ am until _____ pm, Monday-Friday with ABC Academy, LLC. I understand that in the event my work schedule is changed, I must submit in writing a corrected contract for the designated contract time.

My childcare rate will be _____ weekly (under 9 hours).

My childcare rate will be _____ weekly (9 or more hours).

After-School Care Only:

My child will need after school care at the rate of (SPS/SES/HES) $70.00 weekly.

My after-school care rate will be _____ weekly.

I have read, understand, and agree to abide by all policies and procedures and the parent information letter as described and agree to pay $_____ weekly to ABC Academy, LLC with all payments being due on Friday for the coming week.

Late Fees of $5.00 per minute outside of the contract time (either before or after) will apply to your Procare account at the end of each week.

Signature: _____

Date: _____

ABC ACADEMY, LLC POLICIES & PROCEDURES & EMERGENCY PREPAREDNESS PLAN

I HAVE READ AND UNDERSTAND THE ABC ACADEMY, LLC POLICIES & PROCEDURES & EMERGENCY PREPAREDNESS PLAN & NUTRITION AND PHYSICAL ACTIVITY POLICIES AND AGREE TO ABIDE BY THE INFORMATION CONTAINED IN THESE FORMS.

Note; This information will be updated annually with parents, during the month of August.

Date: _____

Parent Signature:

_____

Director:

_____