

ASHLEY RIVER BAPTIST CHURCH

Child Development Center APPLICATION FOR ADMISSION

Child's Name _____

Home Address _____ Zip Code _____

Home Phone# _____ Age _____ Date of Birth _____ Gender _____

Today's Date _____ Desired Date of Enrollment _____

Religious Affiliation _____

Father's Name _____ Mobile # _____

Business Address _____ Work # _____

_____ E-mail: _____

Mother's Name _____ Mobile # _____

Business Address _____ Work # _____

_____ E-mail: _____

Previous School Attended _____

How did you find out about our program? _____

Date of Interview _____ Interviewed By _____

Date of Enrollment _____ Class Assignment _____

Full time _____ Morning Kindergarten _____

Preschool: 5 Mornings _____ 3 mornings _____ 2 mornings _____

Extended Care _____

Name, address, and phone of person who would assume responsibility for your child in an emergency if school were unable to contact parents:

Name _____ Relation _____ Phone# _____

Address _____

Child's Doctor _____ Phone# _____

Permission is granted to meet the needs of my child in case of emergency.

Signature of Parent

Ashley River Baptist Church
Child Development Center
Authorization for Pick-up

Child's Name: _____

Persons authorized to pick up my child are:

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

4. _____ Phone Number: _____

5. _____ Phone Number: _____

6. _____ Phone Number: _____

Signature of Parent / Legal Guardian

Today's Date

Ashley River Baptist Church Child Development Center's Agreement with the Parents

Registration

At enrollment, a registration fee is charged. In addition, a registration fee is charged annually thereafter.

June 1 – May 31	Full fee
December – February	One-half of full fee
March – May	One quarter of full fee

Tuition Policy

Child Care: Tuition must be paid on Monday mornings in advance.
A \$5.00 per day charge will be applied for each day late starting Tuesday at noon.

Kindergarten: Tuition is due the 25th of each month.
A \$5.00 per day charge will be applied for each day late after the first of the following month.

Vacation Policy

After being enrolled for six months, your child is eligible for one week of vacation credit.

Vacation credits cannot be carried over into the following year. Our school year runs from June 1 – May 31.

Children attending Kindergarten only are not eligible for vacation.

Sick Week Policy

Your child is eligible for two sick weeks. A child must be out three consecutive days in order to receive a sick week credit. If a holiday falls within the week, the holiday cannot be counted as a sick day. The sick weeks available are based on our school year which runs June 1 – May 31.

If a child is enrolled in the middle of the school year, sick weeks will be prorated.

Credit for sick week is one half of tuition.

Sick weeks cannot be carried over into the following year.

Kindergarten and Part-time children are not eligible for sick week credit.

Parent Initial: _____

Part-Time

Part-time is 20 hours or less, per week. Children enrolled for part-time are eligible for vacation, but not sick weeks.

Photographs

I hereby give permission for my child to be photographed throughout the year. Photos will solely be used within the Child Development Center and end-of-year portfolios to be sent home to families.

Returned Check Charge

If a check is returned for whatever reason, a returned check fee in the amount of \$35.00 will be posted to your account.

After 6:00 pm Policy

If your child is picked up after 6:00 p.m., a late fee will be charged at the rate of \$1.00 per minute starting at 6:05 p.m.

Departure

If you take your child out of school, a two weeks notice is required. Without a two weeks notice, you are responsible for two weeks tuition unless we are able to fill the space.

Delinquent Accounts

When accounts are two weeks past due, a child will be dropped from the center.

Parent's Signature

Date

Director's Signature

Date

Ashley River Baptist Church
Child Development Center

Child's Name: _____

Discipline Policy:

The staff may refuse care to any child who presents unusual discipline problems. Our discipline policy is as follows:

1. Verbal
2. Re-direction
3. Time Out
4. Office Visit
5. Parents Called

****Please note that ARBC CDC does *not* administer corporal punishment.****

Dismissal / Identification Policy:

Your child will not be allowed to leave the center at any time other than with the parents or a designated person on file. If a change of plans occurs, notify the center or send a written note by your child to this effect. This will save your child unhappiness and provide protection for your child. If the staff does not know the person picking your child up, identification will be required.

Medicine Policy:

We will give medicine to your child provided a medicine slip furnished by the staff has been filled out by the parent.

Photographs

I hereby give permission for my child to be photographed throughout the year. Photos will solely be used within the Child Development Center and end-of-year portfolios to be sent home to families.

I have read and understand the above policies as well as the Ashley River Baptist Church Child Development Center Parent handbook and agree with all of the policies within. I agree to abide by them.

Parent's Signature

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 annually thereafter, and maintained on file at the facility.

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

Name of Facility: Ashley River Child Development Center County: Charleston

Address: 1101 Savannah Highway Charleston, SC 29407
(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** **Tues** **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) (Phone Number)

Emergency Care Provider: _____
(Emergency Facility Name)

(Street Address) (City, State, Zip) (Phone Number)

Dental Care Provider: _____
(Name)

(Street Address) (City, State, Zip) (Phone Number)

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 _____ is in good mental and physical health
(Child's Name)
and able to participate in the child care program at Ashley River Baptist Church Child Development Center.
(Name of Child Care Facility)

Signature: _____ Date: _____
(Parent or Guardian)

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



Child's Name: _____

Today's Date: _____ Age: _____

What is the best way to reach you for common day correspondence
(non-emergency, i.e. reminders, upcoming events, immunizations due)?

E-mail

Mom's e-mail address: _____

Dad's e-mail address: _____

Other: _____

Phone

Mom: _____

Dad: _____