

Child's Personal History:

List any medical problems in which the CDC should be aware:

List any allergies:

Is your child potty trained?

Has your child had any prior childcare experience? _____ if so, please list where.

List any additional information such as comforting needs that the center should be aware of:

.....
INFANTS ONLY:

Special feeding instructions:

Special sleeping instructions:



EMERGENCY CONTACT INFORMATION:

This should be someone we can reach if we cannot get in touch with the parent(s). This is someone that you have given the authority and necessary information to so they can take your child to the doctor if deemed necessary.

NAME: _____ RELATIONSHIP: _____
PHONE: _____ Cell Phone: _____

ADDITIONAL PERSONS AUTHORIZED TO PICK UP:
(Please include name, relation, and a contact number)

1. _____
2. _____
3. _____
4. _____

PERMISSION FOR EMERGENCY HEALTHCARE:

Child's name: _____ Birthdate: _____

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

In the event of an emergency, where the parent cannot be contacted, the emergency contact will be notified and emergency personnel called if so needed. THE CDC WILL NOT TRANSPORT CHILDREN TO THE DOCTOR OR HOSPITAL.

Signature of Parent _____ Date _____



DISCIPLINE POLICY:

Clear, consistent rules which are age appropriate will be explained to your child concerning classroom and playground behavior. The rules will be maintained through positive techniques of guidance such as redirection and positive reinforcement. Should further intervention be necessary, it will be in the form of removal from the group. Methods like time out will be used on children two and older. Time out will not exceed more than one minute for each year of age. Corporal punishment will not be used in any form or fashion at the CDC.

Any severe discipline issues will be handled on an individual basis and may include conferences with teachers and parents. If after using all means possible, if problems still exist, removal of child from the center may result.

As the parent of _____, I acknowledge that I have reviewed the policy on discipline used by St. Mark CDC.

Signature: _____

Date: _____

FINANCIAL AGREEMENT:

In placing my child, _____ in the St. Mark CDC I agree to pay the following fees:

- A registration fee of \$65.00 is due upon entrance into the center. It is due again as a yearly fee each June on the 1st. This fee is nonrefundable.
- A registration fee to the summer program for school age children of \$35.00 is due before the start of the summer program or for enrollment to begin. This fee is nonrefundable.
- Tuition of _____ per week beginning the first week my child attends. Tuition is due by Monday of each week.
 - **A \$5.00 late fee will be applied to the account on Friday's of the current week if payment is not received by 5:30pm.**
- There is a \$30.00 fee for returned checks. After two returned checks, client will be asked to pay account by money order.
- If the account is more than two weeks past due, a lock out notice will be sent home. If the account is not paid up or arrangements made with the director, the code will be locked out and the child may not return until the bill is settled. If not settled within a timely manner (10 days after receiving a mailed letter, then balance due will be sent to collections and paying party will be responsible for court costs and collection fees.
- I understand that after one consecutive year of my child attending St. Mark, I am granted one "free" week of childcare that may be used whether my child attends or not. If not used by the end of the year, this week will automatically carry over to the account's end of year balance as a credit.

Parent/ Guardian Signature: _____

Date: _____

ST. MARK CDC SOCIAL NETWORKING PERMISSION FORM

I understand that St. Mark Child Development Center has a CLOSED Facebook connection page that parents can join. On this page only parents of current children enrolled and teachers are able to view postings. No one outside of the St. Mark family is allowed to be added to this page. This page is for the parents to see pictures of what their child is doing during their day and upcoming events. We also keep the parents informed if there is a sickness in a certain classrooms and closings. This group is maintained by the teachers and the director. If you would like for grandparents or extended family to access this page you will need to let Mrs. Becca know. If you wish to be part of this page you will need to type in the link below <https://www.facebook.com/groups/192650197544969/>.

PLEASE CHECK ONE OF THE FOLLOWING:

_____ I give permission for the center to post my child's picture on the center's page.

_____ I DO NOT give permission for my child's picture to be posted on the center's page.

Child's name _____

Signature of custodial parent / guardian _____

Relationship to child _____

Date _____

*** The child's teachers will know at all times the status of this form. If a parent decides to change their mind about their decision, they should see the CDC Director to fill out a new form.

ST. MARK CDC EMERGENCY NOTIFICATION FORM

(This information must be current and accurate in case of an emergency.)

Child's Name _____
Parent's Names _____
Home Mailing Address _____

Emergency Phone numbers must be where parent can be reached during the center's hours of operation from 7:00 am – 5:30pm

Mom's Work Name and Phone _____
Mom's cell / pager _____
Dad's Work Name and Phone _____
Dad's cell / pager _____

Other Emergency Contact (This is a person you authorize with information who can take your child to the doctor in case of emergency.)

Full Name and relationship of people authorized to pick up:

Medical conditions that the center should be aware (ex. Asthma, allergies, etc.)

Parent Signature _____ Date _____

Infants Only: Parents must be notified that we cannot heat breast milk in the microwave. We also cannot heat bottles of formula in the microwave without parent consent. By signing below, you give consent to heat bottles in the microwave. The only other means to heat a bottle will be by crockpot.

Parent Signature to heat in microwave _____
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: _____ County: _____ Select County ...

Address: _____
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

Emergency Care Provider: _____
Street Address City, State, Zip Telephone

Emergency Facility Name
Street Address City, State, Zip Telephone

Participation Agreement

Participation Agreement to email and publish my child's work,
photographs or videos via HiMama



To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior. In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein. Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission. To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions. I hereby acknowledge that I wish to voluntarily participate in the Program:

CHILD'S NAME

PARENT/GUARDIAN NAME

EMAIL

PARENT/GUARDIAN SIGNATURE

DATE