

**John Knox Presbyterian
Kindergarten & Parents' Day Out Registration '22-'23 School Year
PLEASE PRINT CLEARLY!!!**

Date _____

Child's Name _____ Name they prefer to be called _____

Sex - M or F Date of birth _____ Age as of Sept. 1st _____

Home Street address _____ City _____ Zip _____

Mother's Name _____ Email _____

Her Cell number _____ Work number _____

Employer name and address _____

Father's name _____ Email _____

His Cell number _____ Work number _____

Employer name and address _____

Please read carefully, by signing below you are acknowledging and agreeing to the following:

Application is hereby made for admission of my child to the John Knox Presbyterian Church (JKPC) Kindergarten or Parents' Day Out program. The non-refundable registration fee of \$_____ has been paid and I understand that the monthly tuition of \$_____ and extended fees of \$_____ is due by the 15th of each month. There is a 5% discount if the full year's tuition and/or extended fees are paid in full by Sept. 15th. There is a late fee of \$20 if tuition is paid after the 15th of the month and \$1 per minute if a child is not picked up by the stated pick-up time (See handbook for details).

Snack/Material Fees All Kindergarten children will have a one-time fee of \$125 which covers DHEC mandated snacks, some classroom supplies and art materials.

All toddlers and 2 yr old children will pay a one-time fee of \$25 per day that they attend each week. Ex: 1 day per week = \$25, 2 days = \$50, etc. This fee is due Sept. 15th. Total = \$_____

I understand that my child must be in good health to attend school and I further understand that no refunds will be given during any month for either absences or withdrawals.

I understand that my child must be *fully toilet-trained before beginning the K-3 program and that the Sept. 1st deadline for birthdates will be strictly followed.

Liability The staff at JKPC makes every effort to prevent accidents but in the event one should occur, I understand that neither the school nor the church accept any liability. I give JKPC staff permission to seek emergency medical care for my child if needed, including providing transportation and appropriate initial care for any injury in the event that either parent or the emergency contact(s) provided are unable to be contacted. No medications will be given to my child without instructions from parent, guardian or appropriate medical personnel.

Parent Signature _____ Date _____

Class Enrolled In _____

*Please see our handbook for full explanation.

Extended Hours Program:

This form serves as a hard copy of the Extended Hours which you registered for online. Please complete the chart below to mirror your online enrollment preferences.

Tuition covers our kindergarten and Parents Day Out program time of 9:00 AM to 1:00 PM. You may enroll for additional time slots for the program days your child attends. Early Stay and Late Pick-up times will apply consistently for each day enrolled. Spaces are limited and based on availability.

+Add 8 AM arrival (\$20/mo, but for staffing purposes you must check desired days.)

M _____ Tu _____ W _____ Th _____ Fr _____ = \$ _____ per mo

+ Add 1PM-3 PM pick-up (\$40/mo per weekday enrolled)

M _____ Tu _____ W _____ Th _____ Fr _____ = \$ _____ per mo

+Add 1 PM – 5 PM Pick-up (\$80/mo per weekday enrolled)

M _____ Tu _____ W _____ Th _____ Fr _____ = \$ _____ per mo

Important Note: We cannot anticipate possible restrictions or changes related to the COVID-19 virus next Fall. But, in the event there are any, we will communicate with parents as soon as we are able.



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

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

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

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

JOHN KNOX KINDERGARTEN / PDO
HEALTH POLICY
School Year 2022-2023

Special Note: Until further notice our COVID-19 specific guidelines take precedence over the following policies.

The following is the health and sickness policy for John Knox Kindergarten and Parents' Day Out Program. Please read thoroughly and sign at the bottom.

1. Please keep your child at home if he/she has any of the following symptoms: Sore throat, nausea, diarrhea or very loose bowels, skin rashes, vomiting, severe cough, ear ache, enlarged glands, thick or colored nose mucus, pink eye, or fever.
2. Your child must be fever and vomiting free (without aid of medication) for 24 hours before returning to school. A fever is considered anything 100.4 or above, taken with an ear or touch-free thermometer. Thus, if your child is sent home with a temperature on Tuesday, he / she cannot return on Wednesday. **There must be at least a 24 hour period of no fever without over the counter medications.**
3. If a child develops any of the above symptoms at school or complains of not feeling well, a parent will be notified to pick them up immediately. (Complains of feeling nauseated, registers a fever on our thermometer, has difficulty keeping nose clean due to severe mucus, or coughs so that activities are disturbed, or generally are not themselves and participation in class is affected.)
4. Please notify the teacher or director if your child contracts any contagious disease such as strep throat, chicken pox, flu or pink eye, etc.

We do everything we can here at the program to insure the health and safety of your children & our staff. We appreciate your help in preventing the spread of communicable disease and sickness.

THANK YOU!

I have read and understand the health and sickness policy for John Knox Kindergarten and PDO, and will abide by the regulations set forth.

Parent Signature _____

Date _____

John Knox Kindergarten & PDO
Health, Medication & Discipline Policies and Photo Release

Special Note: Until further notice our COVID-19 specific guidelines take precedence over the following policies.

General Health:

Present health of the child: _____

Diseases the child has had: _____

Serious illnesses or accidents: _____

Physical limitations: _____

Allergies: _____

Allergy information on file with the director? Yes _____ No _____

Are there any medical problems we need to be aware of? _____

Does your child have any bowel or bladder irregularities? _____

How does your child react to:

Other children? _____ Adults? _____

Are there any separation issues? If so, how do you deal with them? _____

Are you aware of any learning problems? _____

Does your child have any specific fears? _____

Is there anything else we need to know about? _____

Medication Policy:

John Knox Kindergarten and PDO will keep the administration of medications to students at a minimum or in emergency situations only. The Director must be informed prior to any administration of medication & the following will be followed:

1. The only medications that we will administer to children are:
 - Diaper creams/powders
 - Gas drops for infants
 - Breathing treatments as prescribed by a doctor for children with asthma
 - Benadryl and/or inhalers in allergic situations
 - Epi-pens for allergic reactions
 - Minor cuts, scrapes, bug bites and bee stings (if no allergy) will be treated by washing the area with warm, soapy water/ice pack/Band-Aids

**** We will NOT administer any over the counter cold/cough/general hay fever type medicines
2. Parents/Guardians must provide a written/signed consent to the Director prior to the administration of any approved medications.
3. All medication/ Epi-pens (with the allergy treatment form from the parents) shall be kept in a high or locked cupboard out of reach of the children, the Director's office or in the wall medicine safe on the kindergarten hall. Each teacher will keep a child's epi-pen in their possession if on a field trip.
4. All approved medication must be in its original container and be labeled with the child's name, parent or physician's name, pharmacy, medication, dosage, frequency, starting date and end date, if applicable. An "Individual Record of Medication Given" shall be signed by the parent and if applicable, posted with the medication. Staff members will double check the label prior to administering any medications and if the label is illegible, parents will be informed and medication will not be administered.
5. If a child needs an unauthorized prescription or over the counter medication for colds, coughs, lasting effects of recent illness, etc, a parent or parent designee must come and administer that medication.
6. Per DSS regulations, medications cannot be left in diaper bags or backpacks in reach of other children
7. Parents will be notified immediately if an adverse reaction to medication occurs.

Please keep your child at home if he/she has a sore throat, nausea, diarrhea, very loose bowels, skin rashes, vomiting, severe cough, ear aches, enlarged glands, thick or colored nose mucus, pink eye or a fever.

Your child must be fever and vomit free for 24 hours before returning to school. A fever is anything 100.4+, taken with an ear/touchfree thermometer. **There must be a 24 hour fever free period without any over the counter medications.** If a child develops any of the above symptoms or complains of generally not feeling well, a parent will be notified to pick them up immediately.

Please notify your teacher if your child contracts any contagious illness. We do everything we can to insure the health of our teachers and children. We appreciate your help in preventing the spread of communicable disease & sickness!!

Discipline Policy:

Discipline procedures are as follows:

1. The child is given several gentle reminders of acceptable behavior.
2. The child is removed from the activity in which the behavior is occurring and redirected by the teacher to another activity.
3. The child loses the privilege of playing in a particular center or activity for a specified amount of time appropriate for the child's age. Teachers may have their own behavior system in which the child may lose a token or symbol at this age.
4. The child is removed to a time out area inside the classroom and for a time period that matches their age and/or the teacher will take the next step in their own classroom behavior system such as actions defined by 'positive or conscious discipline' philosophy. Parents will be notified by the teacher when this step occurs.
5. If inappropriate behavior continues, the time out process will be repeated and the Director will be notified.
6. When these steps have been exhausted, a parent conference will be called and include the parents, Director and the teacher. Suggestions may be made to help modify the behavior or outside resources may be recommended.

** When steps 4, 5 and 6 are reached, documentation of the incident, activity and behavior will be made.

I have read and understand the Health, Medication and Discipline Policies for John Knox Kindergarten and PDO program.

Parent Signature _____ Date _____

Photo Release:

There are opportunities through the school year for photos to be taken of various activities that the children are involved in. These include but are not limited to: music, art class, field trips, chapel, special activities, etc.

In order to take any photos of your child, we must have your permission. Please be assured that photos only will be used and no other personal information will be written or posted.

YES / NO I give permission for my child's photo to be used in classroom displays, bulletin boards, Newsletters and other activities that may occur at John Knox Kindergarten and PDO.

YES / NO I give permission for my child's photo (only, no name) to be used on the John Knox Kindergarten & PDO closed Facebook page.

Parent Signature _____ Date _____



2022-2023 PERMISSION GRANTED

Child's Name: _____ **Class:** _____
(Please print)

Parent's Name: _____
(Please print)

On-Site Field Trips:

In an effort to offer ample opportunity for exercise and play to our students this year, we are looking at creative use of our church campus. This might be a simple class scavenger hunt or games played in an open area. We hope to find a vender or two that could safely come to us with a special event.

I give permission for my child to go with his/her class and the appropriate staff on all on-site field trips. I understand that throughout the year some special events may use church spaces that are not part of our kindergarten and PDO areas. These spaces may include the Fellowship Hall, the Sanctuary, and the Youth Activity Room.

Parent's Signature: _____ **Date:** _____

Hand Sanitizer:

I understand that hand washing with soap and water will be done regularly with my child. However, there will be times such as on the playground or in the gym that hand washing may not be possible. In this case I give permission for a staff member to provide a squirt of approved (alcohol 63% or higher) hand sanitizer in my child's hands. I understand that the teachers will oversee my child to ensure he/she rubs the liquid effectively on his/her hands.

Yes _____ **No** _____ **Parent's Signature:** _____

COVID-Related Guidelines:

I have read the COVID-related guidelines. I understand that John Knox Kindergarten & Parents' Day Out staff will do their very best to follow these guidelines as much as possible. I understand that parents will be informed of any changes as information becomes available. I, in turn, will do my very best to check my child's health on a daily basis and keep my child home according to the guidelines criteria.

Parent's Signature: _____ **Date:** _____

SIGNATURE AND ADDITIONAL INFORMATION PAGE

Child's Name _____ (Please print!)

*****If you cannot pick your child up, in addition to those listed on the DSS form 2900, please give the names of persons to whom your child can be released:**

Name/Relation to child _____ Phone #'s _____

Name/Relation to child _____ Phone #'s _____

Please give us any other information you think would help us care for your child. _____

Our updated book of Parent Guidelines, available on line in January 2022, or a hard copy upon request, contains crucial information about our program. (**JKKindergarten.org**) These guidelines include what you can expect from us as well as what we need from you the parent or guardian in order for your child to have the most successful experience at John Knox Kindergarten! Please read them carefully and contact Tami Wall with any questions at twall@johnknoxpres.org.

I, _____, have completely read and understand the policies and (Parent or Guardian- please print!) information depicted in the book of Parent Guidelines.

(Parent or Guardian signature)

(Date)



COVID-19 Protocol Quick Guide

In order to provide the safest environment possible, we will be practicing the following precautionary measures. Please refer to the complete protocol for detailed information regarding our quarantine procedures.

- All parents/visitors must wear a mask while in the building and not enter the classroom. Parents are asked to knock on the classroom door and wait for a teacher to answer.
- We will be utilizing the car line for the kindergarten hall, and a staff member will be stationed outside. Parents will be able to utilize their key fob/door code at the PDO entrance for the students on that hall.
- For the PDO children, one adult will be allowed to enter the building to take him/her to the classroom. In certain situations, such as showing a grandparent which classroom to pick up from, more than one adult will be allowed to enter the building.
- Staff will wear masks in all common areas and while in close contact with children for activities such as: toilet training/diaper changing, bottle feeding, sitting at tables doing class activities, etc. Teachers will be allowed to remove their mask and/or utilize their clear face shield when they are at least 6 feet away from the children for activities such as story time. Staff will also be allowed to remove their mask while outside.
- Children are not required to wear masks. Your child is welcome to wear a mask if you wish for them to do so.
- All our classes will cohort and minimize any interaction outside of their age group. Like ages will be allowed to be together on the playground and may also be combined during extended stay hours. The indoor play schedule will limit the number of children in the gym at a time. Any toys used in the gym will be sanitized by the teachers before exiting the gym.
- Children will have their own personal kit of classroom items such as scissors, crayons, markers, pencils, glue sticks, etc. Children will wash their hands with soap and water upon arrival in their classroom and frequently throughout the day. Children whose parents signed a permission slip will also utilize hand sanitizer when hand washing is difficult, such as in the gym or on the playground.
- Sharing of all other classroom items, such as toys and books, will be limited as much as possible. The number of toys in the classroom will be limited so they can be cleaned between use. Toys will be rotated out of the classroom and sanitized regularly.
- Door codes will be issued to parents. Returning families with key fobs will be able to continue using them.
- Hand sanitizer stations will be positioned near all entry/exit points.
- Professional cleaning of the facility will be done every evening as well as cleaning of touchable surfaces throughout the day.

- In order to remain open, we will not be issuing refunds for illness or absences due to quarantine.

Suspected Case of COVID-19

Parents are asked to closely monitor their child's health before sending him/her to school. Staff and/or children will be considered a suspected case if they have any of the following symptoms. Although fever is listed, these symptoms ***CAN OCCUR WITH OR WITHOUT A FEVER.***

Any ***ONE*** of the following symptoms:

- Fever of 100.4 or higher
- Shortness of breath or difficulty breathing
- Loss of taste or smell
- New or worsening cough

Any ***TWO OR MORE*** of the following symptoms:

- Chills
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Staff and/or children who exhibit symptoms will be sent home immediately. Any sibling(s) of the suspected case will be sent home as well. In order to return to John Knox Kindergarten and PDO, the following must have occurred/been provided for the suspected case, including sibling if applicable:

- A negative COVID-19 test (antigen or PCR test: mouth/nose swab or saliva test), ***OR***
- A note from a physician stating the symptoms are due to another diagnosed illness, ***OR***
- Completion of current quarantine period requirements (14 days starting two days before symptoms began), ***AND***
- Have an overall improvement of symptoms, ***AND***
- Be fever free, without the aid of medication, for 24hrs before returning

Parents should not send their children to school if:

- Anyone in the household has exhibited any of the symptoms listed above,
- Anyone in the household is going to get a COVID-19 test,
- Anyone in the household is waiting on the results of a COVID-19 test, and/or
- The child(ren) has been in close contact with someone outside the household who is exhibiting symptoms, is going to get tested, and/or is waiting on test results.

Per DHEC, preschool staff are considered critical infrastructure workers and may be permitted to work while in quarantine if they do not exhibit any symptoms. They must adhere to the following guidelines:

- Must wear a mask at all times
- Daily monitoring of symptoms
- Practice social distancing as much as possible
- Practice good hand hygiene
- Clean frequently touched surfaces often
- When not at work, he/she should quarantine at home and avoid other public settings
- Must leave immediately if any symptoms develop

Note: John Knox Kindergarten & PDO will do everything possible to provide a sub in the case of an unvaccinated teacher that has had exposure to a confirmed case of COVID.

Communication with Families

Tracking of children and staff will be documented throughout each day. If there is direct, close contact with a confirmed case of COVID-19 at school, all families of that classroom will be notified.

Note: A close contact is anyone who spends fifteen (15) minutes or more within six (6) feet of the case during their contagious period.

In order to follow the most appropriate protocol, parents are asked to provide as much information as possible when notifying us of a possible exposure (i.e., symptoms present, degree of fever, been seen by a doctor, etc.) DHEC has included additional protocols for persons who have been vaccinated and have had and recovered from COVID. We respectfully request parents to advise us of vaccination status or prior COVID recovery when notifying us of a possible exposure. Likewise, we will respect the privacy of families who do not wish to divulge that information. We will look at each situation on a case-by-case basis and apply the most appropriate protocol.

Our entire school is regularly cleaned throughout the day as well as professionally cleaned every evening after school. A positive diagnosis will not facilitate closing a classroom and/or the school unless circumstances indicate that it would be safer to do so.

******THIS PROTOCOL IS SUBJECT TO CHANGE WITHOUT NOTICE BASED UPON NEW INFORMATION ABOUT COVID-19 AND/OR MANDATES FROM LOCAL OR NATIONAL AUTHORITIES. SHOULD ANY ADDITIONAL UPDATES NEED TO BE MADE, THIS DOCUMENT WILL BE REISSUED WITH THE CHANGES HIGHLIGHTED.***