

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 Presbyterian  
Kindergarten & Parents' Day Out Registration '21-'22 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. 1<sup>st</sup> \_\_\_\_\_

**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 15<sup>th</sup> of each month. There is a 5% discount if the full year's tuition and/or extended fees are paid in full by Sept. 15<sup>th</sup>. There is a late fee of \$20 if tuition is paid after the 15<sup>th</sup> of the month and \$1 per minute if a child is not picked up by the stated pick-up time.

**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. 15<sup>th</sup>. 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.

**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 \_\_\_\_\_

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.



JOHN KNOX KINDERGARTEN / PDO  
HEALTH POLICY  
School Year 2021-2022

**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 \_\_\_\_\_

## 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. \_\_\_\_\_

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Our updated book of Parent Guidelines, available on line in January 2021, 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](mailto: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)

**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. 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 \_\_\_\_\_