

PERSONAL INFORMATION FOR \_\_\_\_\_

Has your child been in group care before? If yes, where? \_\_\_\_\_

Do you have any concerns about how your child will adjust to our program? If yes, please explain. \_\_\_\_\_

How can we make this transition easier for your child? \_\_\_\_\_

Is there any special circumstances we should know about your child or family? (i.e. recent move, change in family structure, etc.) \_\_\_\_\_

Please describe your child's personality. \_\_\_\_\_

How does your child relate to adults? \_\_\_\_\_

What upsets your child? \_\_\_\_\_

What are some things that will make feeding time easier for your child? \_\_\_\_\_

What are some things that will make nap time easier for your child? \_\_\_\_\_

What are some of your child's favorite things? \_\_\_\_\_

Is there any other important information that we need to know to help us give you child the best possible care? \_\_\_\_\_

**Please provide us with your child's current schedule. If child is an infant, please provide us with a detailed feeding/nap schedule, as well as any specific instructions on a separate sheet of paper.**

#### **PARENTS' RIGHT TO FREE AND FULL ACCESS TO THEIR CHILD DURING SCHOOL HOURS**

The Holly Hill Academy Early Learning Center shall permit the parent/guardian of a child free and full access to his or her child without prior notice unless there is a court order limiting parental access. Your free access must not disrupt instructional activities or classroom routines. Because we think of your child and all of the children in the classroom, repetitive disruptions will require us to impose limitations on access on a case by case basis.

**HHA ELC EVACUATION PLAN**

Holly Hill Academy Early Learning Center has an emergency evacuation plan to follow if county or state officials should order that the children be immediately evacuated during an emergency. Examples of emergencies that might require immediate evacuation would be a fire near the center or a hazardous chemical spill. During an immediate evacuation, there would not be enough time for you to pick up your child at our facility. If we should have to evacuate our facility, we would transport the children to Holly Hill United Methodist Church at 1048 Peake Street, Holly Hill, SC. We will make every attempt to notify you by telephone, but if we are unable to reach you, please call 803-496-3819 (Church Office) or come by the church. Please be assured that we will care for your children until 6:00pm or until you arrive.

In the event of an immediate evacuation, I hereby grant HHA ELC permission to transport my child to Holly Hill UMC at 1048 Peake Street in Holly Hill, SC. I understand that I will be notified as soon as possible and that my child will be cared for until I can arrive.

Child's Name \_\_\_\_\_

Signature of Parent \_\_\_\_\_

## PARENTAL CONSENT FORM

Child's Name \_\_\_\_\_

I authorize HHA ELC's personnel to administer medications to the above name child. All medications must be labeled with the child's name and a current date. All over the counter drugs must have the child's name printed on it and will only be given according to the bottle label. Prescription medications must be in the original container, with the child's name and dosage on the label. The medication will be given according to directions. I also understand in the event of a medical emergency that my child will be taken to Family Practice of Holly Hill or if needed, 911 will be called to transport your child to the nearest medical facility. In the event of an emergency, you will be notified by telephone. If you are not available, your next contact person will be called.

Initial \_\_\_\_\_

In the event someone not on your list is to pick up your child, we will need to have written permission the morning you drop off your child. If we do not know the person, please advise him/her to be prepared to show a picture ID. The ID and the name you have must match or your child will not be released to that person.

Initial \_\_\_\_\_

As parents and teachers, we are interested in promoting self-control and appropriate social behavior in children. At HHA ELC, we try to use positive methods of developing these behaviors. We do not practice corporal punishment or other frightening or humiliating disciplinary techniques. Staff members use positive methods to redirect inappropriate behavior.

Initial \_\_\_\_\_

I will allow my child to participate in water play (sprinkler, slip & slide, water balloons, etc.). I understand that all reasonable safety precautions will be taken. I relieve HHA ELC and its staff, both jointly and separately of all liabilities.

Initial \_\_\_\_\_

I understand that HHA ELC's operating hours are from 7:00am to 6:00pm. In the event that my child may be left at the facility past closing time, I will notify staff members as soon as possible. I understand that additional fees may be due at that time.

Initial \_\_\_\_\_

I understand in the event of an emergency evacuation, the children will be taken to Holly Hill United Methodist Church and kept there until my arrival.

Initial \_\_\_\_\_

I understand in the event that my child is sent home sick, he/she must be kept out of the center for a full 24 hours after he/she is no longer showing any symptoms of illness. HHA ELC will follow the DHEC Exclusion List for Child Care/School settings. A copy of the list can be found on SC DHEC's website and in our office.

Initial \_\_\_\_\_

I understand that if my child is a disciplinary problem (hitting, biting, using foul language, disrespect for teachers and/or classmates, etc.), he/she will be removed from the center for a period of 3 to 5 days.

Initial \_\_\_\_\_

I understand that without my written consent, my child's record, emergency information, photograph, and other information about my child or family that may identify my child by name or address is confidential and may not be copied, posted, or disclosed to unauthorized persons.

Initial \_\_\_\_\_

I understand that HHA ELC will maintain a written account for the presence of my child as he/she enters and exits the premises, enters and exits a vehicle, or moves to a new location in or around the center.

Initial \_\_\_\_\_

I understand that tuition payments must be made in advance and kept current even if my child is absent. I understand that weekly payments are due on Monday of every week. I also understand that a late fee of \$10 per week is due if tuition is not paid in full by Friday of that week.

Initial \_\_\_\_\_

I understand that a \$30 late fee will be imposed on tuition more than one month past due. I understand that my child will not be permitted into our facility until all tuition, including late fees, is paid in full.

Initial \_\_\_\_\_

I understand that a \$25 fee will be charged for returned checks. I also understand that after 2(two) returned checks, HHA ELC will no longer accept checks as my form of payment. I will have to make any future payments in cash.

Initial \_\_\_\_\_

I understand that each family will receive one "free" week of child care if my child is not present without losing my spot after being enrolled in our center for a complete year.

Initial \_\_\_\_\_

I have read, understand, and agree to abide by the written policies set forth by HHA ELC. I understand that these policies may be changed and that every attempt will be made to notify me of the changes prior to implementation.

Initial \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Directors Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALLERGY REPORT**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The child named above is allergic to the following: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE**

I/we, the parent(s) of \_\_\_\_\_ do / do not want the image of our child to be used for the public promotion of HHA ELC in any newspaper, promotional flyer, newsletter, website, social media, or the like that would be viewed by the public.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATOPIC APPLICATION PERMISSION**

I give HHA ELC permission to apply creams, ointments, diaper cream, sunscreen, and insect repellent to my child, \_\_\_\_\_

Items that may be applied \_\_\_\_\_

Time of day to be applied \_\_\_\_\_

Any additional instructions \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Special Feeding Instructions**

Child's Name: \_\_\_\_\_

Special instructions for your child's food or feeding time: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY PROCEDURES**

Please list two persons (other than parents) who are authorized to act for the parent in case of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Numbers \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Numbers \_\_\_\_\_

Address \_\_\_\_\_

Pediatrician \_\_\_\_\_ Practice \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Practice \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**HHA ELC EMERGENCY PLAN**

In the event of an immediate emergency, I hereby grant HHA ELC permission to transport my child to the offices of Family Diagnostic Associates or Family Practice Associates in Holly Hill. In the event of a life threatening injury, I hereby grant HHA ELC permission to call 911 and have the child/children transported to TRMC in Orangeburg, SC. I also hereby grant permission for emergency medical care if the parent(s) emergency contact is unavailable when life-sustaining care is needed.

Child's Name \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Emergency Numbers:

Mother \_\_\_\_\_

Father \_\_\_\_\_



# Holly Hill Academy Early Learning Center

132 Bunch Ford Road

803-496-7578

Post Office Box 757

Holly Hill, SC 29059

Holly Hill, SC 29059



## ENROLLMENT APPLICATION

**Full Child's Name** (Last, First Middle) \_\_\_\_\_

Name child prefers to be called \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Home Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Siblings (Names and ages) \_\_\_\_\_

### **Persons Authorized to pick up child (other than parent)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Name called by child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Name called by child \_\_\_\_\_

\*List additional persons on separate sheet of paper and attach.

Special custody arrangements (Legal documentation must be provided) \_\_\_\_\_

Allergies or special instructions \_\_\_\_\_