

TODDLERS ACADEMY & PRESCHOOL

4146 RIVERS AVE

NORTH CHARLESTON, SC 29405

843-529-3373 / FAX 843-747-3997

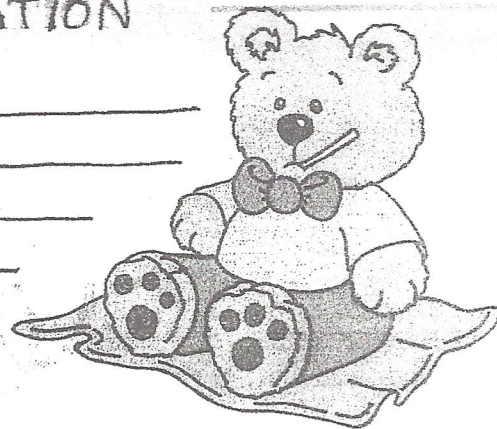
EMAIL: TODDLERSACADEMY@YAHOO

WWW.TODDLERSACADEMYSC.COM

CHILDCARE APPLICATION



EMERGENCY INFORMATION



Child's Name: _____

Birthday: _____

Home Address: _____

Home Phone: _____

Father's Name: _____

Mother's Name: _____

Important Phone Numbers:

Father: home: _____ work: _____ beeper: _____ mobile: _____

Mother: home: _____ work: _____ beeper: _____ mobile: _____

Alternate Emergency Contact Person(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Others: _____

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N.CHARLESTON SC, 29405

ATTENTION PARENTS

Toddlers Academy have a new sign in system that requires a 4 digit pin. We are asking all parents to choose a 4 digit pin that you can remember for your child(ren) can be sign in/out. The pin is only to be shared with those who are allowed to drop off and pick up your child(ren)..

Child(ren) Name _____

PIN _____

THANKS CENTER DIRECTOR
MS. ALIYAH

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: Charleston

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
TODDLERS ACADEMY & PRESCHOOL
Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

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

TODDLERS ACADEMY & PRESCHOOL / 529-3373

This child/ren will be released only to the people on is application providing that they have a valid picture I.D. and is knowledgeable about your secret password; Please make everyone on this list aware of your password to take your child out of this center.

PASSWORD_____

NAME_____RELATIONSHIP_____

PHONE#_____MOBILE #_____

NAME_____RELATIONSHIP_____

PHONE#_____MOBILE #_____

NAME_____RELATIONSHIP_____

PHONE#_____MOBILE #_____

COMMENTS_____

INFANT STATEMENT

From: Child Care Center/Provider: _____

TODDLERS ACADEMY & PRESCHOOL

Sponsoring Organization: _____

To: Parent/Guardian of Infant(s) in Child Care

I am required by the Child and Adult Day Care Food Program to offer a CACFP meal to all enrolled infants in my care. A CACFP meal includes iron fortified infant cereal and baby food when appropriate for the child's age, at no additional charge.

I am required to offer an infant formula, which meets program requirements to all enrolled infants in my care. The formula that I am providing is iron fortified Good Start Gentle. There will be no additional charge to you, if you would like your infant to receive the formula and/or age appropriate food that I am offering.

I understand that not all infants need the same formula, and that the formula served to your infant should be the one recommended by your physician. If you choose, you may continue to provide your infant's formula or other food items.

Parent/Guardian, please check the following statement that applies to you. Then sign and date below:

Name of Infant: _____ Birth Date: _____

- ☐ I would like the child care provider to serve my infant the iron fortified infant formula listed above. When my child is developmentally ready, I understand that besides the formula, the caregiver will offer my infant other food items, approved by the CACFP meal pattern guidelines, at no additional charge to me.
- ☐ I will supply the breast milk/infant formula to the child care provider to serve to my infant. The name of the formula I will provide is: _____. I understand that the caregiver will offer other food items, approved by the CACFP meal pattern guidelines, to my child when developmentally ready.
- ☐ I will supply the breast milk on site or express. I understand that the caregiver will offer other food items, approved by the CACFP meal pattern guidelines, to my child to my child when developmentally ready.
- ☐ I will provide breast milk/infant formula and all other meal items to my child care provider to serve to my infant. The name of the formula I will provide is _____.

Note: You will need to provide a medical statement for exempt formulas such as Nutramigen, NeoSure or Alimentum.

If there are any changes from your above selection, a new form is required.

Signature of Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____

Parent and Staff shall sign and date an agreement, maintained on file that both parties have read and understand all policies relating to the operation of the facility.

Toddlers Academy Child Care Center Policy includes the following"

Security / Release of Children

In order to ensure the safety of your child/ren at Toddlers Academy and Preschool, parents must inform the staff at the center before allowing a person, that is not specified on your enrollment form to pick up a child. A code word must be provided with a picture I.D. this will help inappropriate release of a child to an unauthorized person and will communicate with the parent of the changes

DSS Regulations No.114-503.F(2)

Administration of medication Emergency medicine authorization

No medication will be administered by staff unless is accompanied by written instruction signed by parent and the medicine bottle is properly marked. Medication may be given to your child only if you sign it on the medicine register. Parent must sign an authorization form giving to the director or staff, representing Toddlers Academy to administer any and all necessary first aid emergency medical care. The center must have the parent or guardian consent by signing and dating a release form before we can administer any type of medication. DSS Regulation No.114-503F.(3)(e)

Discipline and Behavior Management

We do not use corporal punishment without a written consent by the parent at Toddlers Academy; positive reinforcement is used to encourage appropriate behaviors. "Time Out" is used as a procedure for discipline, and child are supervised at all times, or a child can be suspended for a few days from the center due to behavior problem. Parents and staff must sign a facility agreement acknowledging their understanding and acceptance in order to implement the discipline and behavior management policy. DSS Regulation No.114-503.F(3)(f)

Medical Records / Confidentially

Parents must provide the center with DHEC'S Certificate of immunization for daycare attendance (provided by your doctor) for all children. The record of our children are safeguarded in a lock file cabinet which information include name, address, and other information about the child or family information that may identify a child. DSS Regulation No.114-503 I.

Sign in a & out Tracking Children

Each day the parent must sign their child/ren "In and Out" of the building and see that the child is under proper supervision of a teacher to account for the presence of each child as they enter and exit the premises, entering and exiting a vehicle, or moving to a new location in or around the center we use a tracking system to supervise safety of our children. DSS Regulation No. 144-504.A(3)

Emergency Medical Plan

. I hereby give my consent and authorize Toddlers Academy, that as long as my child /ren under my guardianship is (are) enrolled therein, in the event of an emergency (illness or accident) and we as parents have been unable to be contacted, to take our child /ren to the hospital or certified medical clinic when deemed necessary by Toddlers Academy

Transportation Field Trips. I further authorize the staff of Toddlers Academy to take my child/ ren on supervised and pre-arranged / pre announced excursions and field trips, Plans are required for routine travel. Written permission from parents for transporting children to and from home, school, or other designated places including planned field trips and activities. DSS Regulation No. 114-505 1:

Illness / Caring for mildly ill children

If a child becomes ill at **Toddlers Academy**, he/she cannot remain at the center, child can return after 24 hours. Children with contagious diseases will not be readmitted without a signed statement from a physician indicating that the child is no longer contagious. **We do not care for mildly ill children.**

I _____ have read and received a copy of the center policy.

PARENT SIGNATURE _____ DATE _____

I have read and received a copy of the center policy

STAFF NAME _____

STAFF SIGNATURE _____ DATE _____

Complete one application per household. Please use a pen (not a pencil).

Child's First Name

Definition of Household

Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

MI Child's Last Name

Check all that apply

IF NO > Go to STEP 3 **IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space:

STEP 3 Total Household Gross Income (List only household members with income)

Total Household Gross Income (List only household members with income)

A. Child Income

Are you unsure what income to include here?

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

How often?

Weekly	Bi-Weekly	Monthly	Bi-Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Child Income

\$				
----	--	--	--	--

B. All Adult Household Members (Including yourself)

the charts titled "Sources of Income" for more information.

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last,

Earnings from Work

How often?

Welfare/Child Support/Alimony

How often?

**Social Security/SSI/
VA Benefits**

How often?

[illegible]

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date _____

Address

City

State

zip

Phone/Email

Will you be with us this year?



School Supply List

THINGS YOU NEED FOR YUR CLASS

1. (1) COPY PAPER (400/500) SHEET PK
2. (1) BOX OF KLEENX
3. (1) ROLL BROWN MASKIN TAPE
4. (1) BLACK PERMNANT MAKERS
5. (1) PACK OF WIPES
6. BOOKBAG (DAILY USE)
7. CHANGE OF CLOTHING (1) SET
(DAILY AS NEEDED)

ALL SUPPLIES DUE BY AUGUST 18TH