

CCC CHILD FILE CHECKLIST

The facility shall keep a separate record for each child. 114-503 G. (1)

REFER TO JUNE 2005 REGULATION BOOKLET 114-503 G. (1) through (8)

- ☐ **Current Immunization Record – (must be on SC DHEC form)**
- ☐ **DSS Form 2900 - General Record and Statement of Child's Health signed and dated by parents and director and updated as needed**
- ☐ **General Record /Enrollment Form to include ALL of the following:**
 - ☐ **Child's full legal name, nickname, birth date, date of enrollment, current home address and home telephone number**
 - ☐ **Full name of parents/guardians, work and home telephone numbers, or reachable telephone numbers when the child is in the center**
 - ☐ **Name, address and telephone number of TWO emergency persons who can assume responsibility for the child and are authorized to arrange medical care if necessary**
 - ☐ **Name, address, and telephone number of doctor, dentist and health insurance provider**
 - ☐ **Name, address and form of identification for anyone authorized to take the child from the center also 114-503 F. (2)**
 - ☐ **Written permission/authorization to obtain emergency medical treatment, to transport children - 114-505 I. (2) (c), to administer medication - 114-505 D. (1), and to participate in swimming activities**
 - ☐ **A signed statement by parents, UPDATED ANNUALLY, that acknowledges their acceptance and understanding of ALL center Policies 114-503 F. (4), INCLUDING the center Discipline Policies 114-506 B. (2) which SHALL BE CLEARLY DEFINED by the center and state whether or not corporal punishment is used.**
 - ☐ **Written permission for corporal punishment, if applicable
Punishment shall be clearly defined.**

**THE CENTER SHALL HAVE WRITTEN POLICY TO SAFEGUARD THE
CONFIDENTIALITY OF ALL RECORDS 114-503 I.**

Child's Name:

Date:

Student Information

Student Name	
Student Address:	
Parent Cellphone number Mom # () -	Dad# () -
Parent Work Number Mom # () -	Dad# () -
Parent Email Address	
Emergency Contact	
1	Phone number:
2	Phone number:
Medical Conditions:	
Allergies and Food Allergies	
I authorize the persons listed below to pick up my child:	
1	Phone Number
2	Phone Number
3	Phone Number
4	Phone Number
Parent/Guardian Signature _____ Date: ____/____/____	

Kids Corner Early Learning Academy LLC

Mandatory Dress Code for Students

Shirts: Any color polo shirt with a collar. Shirts are to be worn inside of light brown khaki pants or light brown khaki shorts with a belt. Please no short shorts. As a safety precaution, please make sure your child pants are properly fitted and not cuffed or rolled.

Shoes: Any color sneaker only. Please no boots. No rainboots. No cowboy boots. No boot like shoes.

Hair: Please no hair beads. No hats are to be worn in the building.

Jewelry: Please no jewelry.

Fingernails: Must be well kept and maintained. Keep nails trimmed and in good repair.

Jacket & Sweaters: Please make sure your child wears a jacket or sweater to school for the fall and winter months.

Extra clothes:

Please make sure your child has a change of clothes in his/her bookbag each day. The change of clothes does not have to be a uniform.

I understand that my child is required to be in uniform each day before signing in.

Parent Signature: _____ 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

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

Parent/Guardian Authorization form for CDCC & GDCH

Daycare Name: **Kids Corner Early Learning Academy**

Child Name: _____

Do you understand the discipline policy at this daycare? Yes No

Does this day care use Corporal punishment as discipline? Yes **NO**

If so, do you give your permission for the staff to spank your child. Yes No

Parent/Guardian Signature: _____ Date: ____/____/____

B. Medicine

I give permission for prescription and non-prescription medicine to be give to my child.

Parent/Guardian Signature: _____ Date: ____/____/____

C. Emergency Medical Treatment:

I give permission for to **Kids Corner Early Learning Academy** to obtain emergency medical treatment for my child.

_____ Date: ____/____/____

D. Persons Authorized to take my child from daycare:

1. _____ Phone number: () _____ - _____

2. _____ Phone Number:() _____ - _____

3. _____ Phone number: () _____ - _____

4. _____ Phone Number:() _____ - _____

Parent/Guardian Signature: _____ Date: ____/____/____

E. I give permission for my child to be transported to and from the daycare. I give person for my child to be transported on field trips.

_____ Date: ____/____/____

Kids Corner Early Learning Academy
1811 South Irby Street Suite 106 Florence SC 29505

2020-21

Corporal Punishment

The use of corporal punishment is prohibited at Kids Corner Early Learning Academy. Corporal punishment is the use of physical force to the body as a discipline measure.

Physical force to the body which includes but is not limited to: Spanning, slapping, biting, kicking, and shaking etc.

Parents are not allowed to provide corporal punishment to their children in the center or on the center premises.

I clearly read and I do understand that corporal punishment is prohibited at Kids Corner Early Learning by signing below.

(Print) Parent/Guardian Name: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Disciplinary Form 2020-2021

Physical Activity and Punishment

Our Staff members will not withhold opportunities for physical activities (not being permitted to play with the rest of the class or being kept from play time), except when a child's behavior is dangerous to himself or others. Staff members never use physical activity or exercise as punishment example doing push-ups or running laps. Play time or other opportunities for physical activity are never withheld to enforce the completion of learning activities or academic work. We will not use any strategies that will hurt, shame or belittle a child. Our center uses appropriate alternate strategies as consequences for negative or undesirable behaviors. There are no strategies that threaten, intimidates, or force a child. There are no strategies that use food as a reward or punishment. There are no strategies that hurt, shame or belittles a child.

Kids Corner Early Learning Academy, LLC holds the right to terminate childcare for any reason at any time. All monies, fees, 4k graduation fees, field trip fees, supplies and donations are all non-refundable. The student is to be on his/her best behavior at all times. The student is not to disrupt the program with behavior problems. No hitting, bullying, biting, name calling, offensive language, signs, fighting, spiting, cursing, slapping or any other ugly behavior will not be tolerated. Parents are financially responsible for their children's behavior at the center and off campus at all times. See student handbook for dress code. 4k mandatory uniform dress code will be strictly enforced. Field trips and School Bus transportation is not a requirement of our program. Corporal Punishment is prohibited in our center.

Depending on the offense, in some cases, parents will be asked to pick up their child. The child may be suspended without prior notification. The child may be terminated with or without notice and all money paid is all non-refundable. Some steps maybe skipped depending on the seriousness or frequencies of the offense. The center may also refer the student for behavior counseling. Behavior notices and suspensions may go home at the end of the day. The \$1 a minute late pick-up fees are due at the time of pick-up. The student will not be allowed to return to school until late fees are paid in full. Field trips, graduation and special events may be held until all fees are paid in full.

1. He or she will be given a verbal warning.
2. A Note home, Phone Call, Email or Social Media message will be sent to the parent.
3. An overnight Suspension with parent meeting upon child returning.
4. Suspension(s) and or Termination.

Name: _____ Date: _____

**Kids Corner Early Learning Academy ,LLC
1811 S. Irby St. #106
Florence SC 29505**

2020-2021

Facility Agreement:

Facility Agreement:

I have clearly read, accept and understand all of the policies of the Center including those that refer to or apply to DSS licensing regulations Including discipline policies 114-506b (1) through (8) which shall be clearly Defined and states that we will not use corporal punishment in our center.

The discipline and behavior management policy is implemented when the Facility agreement is signed.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Kids Corner Early Learning Academy, LLC

1811 S. Irby St. #106 Florence SC 29505

Liability Insurance

Kids Corner Early Learning Academy, LLC, does not carry liability insurance in our center.

By signing below, I understand that Kids Corner Early Learning Academy LLC, does not carry liability insurance in our centers. By signing below I assume all responsibility for my child.

Child Name: _____

Parent/Guardian: _____ Date: _____

Kids Corner Early Learning Academy

No Cellphones Inside the Building

Policy: No cellular phones in the building. Please end all cellular calls before entering the building. Please let your pick- up persons know as well.

(Print) Parent/Guardian Name: _____ **Date:** ____/____/____

Parent/Guardian Signature: _____ **Date:** ____/____/____



South Carolina Department of Social Services
**APPLICATION FOR FREE AND REDUCED-PRICE MEALS
IN CHILD CARE FOOD PROGRAMS**

Part 1. Name of Enrolled Child(ren):

Part 2. List All Household Members (Including Enrolled Child(ren))

Names of all household members (First, Middle Initial, Last)	Check if No Income	If all children listed in Part 2 are Foster, Homeless, Migrant or Head Start skip to Part 5 to sign this form. Attach an approval letter from the Head Start agency for all Head Start children.	Foster	Homeless	Migrant	Head Start

Part 3. Benefits: If any member of your household received SNAP (formerly Food Stamps), Family Independence (FI), or FDPIR provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 4.**

NAME: _____ CASE NUMBER: _____

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	\$200 Weekly	\$150 Twice a Month	\$100 Monthly	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **The adult signing the form must also list the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box.** (See Privacy Act Statement on page 3 of this form.)

I certify that all information on this form is true and that all income is reported. I understand that the center or child care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ ☐ I do not have a Social Security Number

Name: _____

Address: _____

Email address: _____

Home phone number: () _____

Emergency Contact: _____ () _____

Mom Work: () _____ Ext. _____

Dad Work: () _____ Ext. _____

Medical Condition:

Allergies and Food Allergies:

I, authorized the person(s) listed below to pick up my child.

Child 1. _____ Child 2. _____

1. _____

2. _____

3. _____

4. _____

Parent Name: _____

Parent Signature: _____

Date: ____/____/____