

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:

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: Kids Corner Early Learning Academy LLC County: Select County

Address: 1811 South Irby St. #106 Florence SC 29505
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

PARENT'S AUTHORIZATION FORM FOR CDCC & GDCH

Day Care Name Kids Corner ELA Child's Name _____

A. DISCIPLINE:

Do you understand the discipline policy of the day care?

☐ 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

☐ NA

Signature

Date

B. MEDICINE:

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

Signature

Date

C. EMERGENCY MEDICAL TREATMENT

I give permission to Kids Corner Early Learning Academy to obtain emergency medical treatment.

Name of Day Care

Signature

Date

D. PERSONS AUTHORIZED TO TAKE MY CHILD FROM THE DAY CARE:

Signature

Date

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

Signature

Date

F. I give permission for my child to participate in swimming activities.

Signature

Date

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

Kids Corner Early Learning Academy_LLC

Mandatory Uniform Policy

All students will need to be in uniform each day upon arrival to school.

Our mandatory uniform policy consists of:

Any color polo shirt (tucked inside of clothes)

Light brown pants (properly hemmed to prevent tripping)

Light brown pants or Light brown skirt (Knee length)

Light brown shorts (mid thigh)

Sneakers Only

Hair beads can be worn only if they are properly secured.

Prohibited: Crocs, Flip Flops, open-toe, knee boots, timberland boots, rain boots, cowboy boots, boot-like shoes, ankle boots, open-toe or open-heel shoes or sneakers, light-up shoes or sneakers, hair pins, jewelry.

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

Student Late Pick Up:

Kids Corner Early Learning Academy llc has a \$50 late pick-up fee and \$1 for every minute the child is picked up late after the initial minute.

The late pick-up fee is due at the time of pick-up. The Pick-up persons must be listed on the child intake application prior to release.

The Pick-up person must show a valid state identification before the child will be released.

Before signing, I do understand, I will have to pay a \$50 late Pick-up fee, along with a fee of \$1 per minute thereafter, and this fee is due at the time of pick-up.

_____ **Date:** ____/____/____

Parent/Guardian Signature

Kids Corner Early Learning Academy llc

Disciplinary Form 2026-27

Our staff members will not withhold opportunities for physical activities. Students will have opportunities to regulate their emotions in our designated Safe Place. In The Safe Place, children can move from an upset place using breathing tools, icons, feeling buddies and calming items. Teachers will support children in The Safe Place, sharing kind words and offer gentle words of support. Staff members will never use physical activity or exercise as punishment, for example, doing pushups or running laps. Playtime or other opportunities for physical activity are never withheld to enforce the completion of learning activities or work. We will not use any strategies that will hurt, shame, or belittle a child. Our center will use appropriate alternate strategies as consequences for negative or undesirable behaviors.

There are no strategies that use food as a reward or punishment. There are no strategies that hurt shame or belittle a child. Our goal is to work with parents to plan developmentally appropriate evidence-based strategies to support children with challenging behaviors. Conscious Discipline and Positive Guidance serve as proactive approaches that foster self-regulation, instill responsibility, and assist children in making sound decisions. It is the shared responsibility of families and programs to collaborate on strategies that are helpful when working with the child to find alternative options. It requires mutual respect and collaboration between home and care providers. Here at Kids Corner Ela, we promote intentional teaching and social-emotional skills as they guide children toward positive behavior choices. We understand transitions may be rough, but it is our goal to ensure a smooth transition into our classroom family. Kids' Corner ELA will work with families with the understanding of social-emotional development/behavioral health. Our teachers will collaborate with parents to plan developmentally appropriate and evidence-based strategies to support children with challenging behaviors.

The students are always asked to be on his or her best behavior. The student is not to disrupt the program with behaviors. No hitting, bullying, biting, name-calling, offensive language, signs of fighting, spitting, cursing, slapping, or any other ugly or unsafe behavior will be tolerated. Parents are always financially responsible for their children's behavior at the center and off campus. 4-5-year-old students must be in uniform upon arrival each day. Field trips and school bus transportation are not a requirement of our program. Corporal punishment is prohibited in our center. Parents are fully responsible for childcare payments and co-payments. A list of Referral services for the student may be sent home or requested by parent.

Our team of teachers will redirect with positive guidance strategies that will be used to prevent challenging behaviors and appropriately respond to challenging behaviors to promote the social emotional and well-being of children. Our program and staff will work together with parents to teach children appropriate behaviors and how to respond to meet their needs. Depending on the offense, in some cases, parents will be asked to pick up their child. The center will communicate with the parents and may also refer the student for behavior counseling and or screenings for support. We will do our very best to limit suspension. Kids' Corner Early Learning Academy LLC holds the right to terminate childcare for any reason at any time. All monies, fees, field trip fees, supplies, and donations are all nonrefundable.

1. He or she will be given a verbal warning 2. A Note home 3. Phone call 4. Text, Email, or social media messages will be sent to the parent/guardian 5. A Parent Teacher Phone Conference
6. A Referral for behavior counseling or screening 6. Meeting with the Parent/Guardian upon the child's return to school 7. Suspension 8. Termination

Child Name: _____ Date: ____/____/____

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

Kids Corner Early Learning Academy LLC

2026-2027

Corporal Punishment Form

You may ask, what is Corporal punishment: Corporal punishment is the use of physical force on the body as a disciplinary measure. Physical force to the body includes but is not limited to: Spanking, slapping, biting, kicking shaking etc. Again, this is prohibited and will not be used here in our center.

I clearly read, and I understand that corporal punishment is prohibited and will not be used in our center. Meaning, we **do not** use corporal punishment or any of the acts listed above here at Kids Corner Early Learning Academy LLC by signing below.

Parent/Guardian (Signature)_____

Kids Corner Early Learning Academy, llc

Liability Insurance

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

By signing below, you clearly agree and understand that Kids Corner ELA, LLC does not carry liability insurance in our center.

By signing below, I the parent, and or legal guardian assume all responsibility for the child named below.

Name: _____

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

Parent/Guardian Signature: _____ Date: __/__/__

**KIDS CORNER EARLY LEARNING
ACADEMY LLC
MEDIA RELEASE & PERMISSION FORM**

Child Name: _____ DOB: _____

At Kids Corner Early Learning Academy LLC, we may photograph, videotape, or audio record children during classroom activities, special events, field trips, and celebrations. Please indicate your preference below.

☐ YES – I give permission for my child's image, video, and/or audio to be used for the school website, official social media, newsletters, classroom displays, promotional materials, educational presentations, and community publications.

☐ NO – I do not give permission for my child's image, video, and/or audio to be used in public or promotional materials.

Parent/Guardian (Print):

Signature:

Relationship to Child:

Kids Corner Early Learning Academy, llc

Facility Agreement

Facility Agreement

I have clearly read, accept, understand, and accept all of the policies of Kids Corner Early Learning Academy, LLC 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 at Kids Corner ELA, llc.

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

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

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

**South Carolina Department of Social Services
ABC Child Care Program**

CLIENT CONNECTION CARD

Please complete this form in black or blue ink. Have your provider sign this card and return it to us. Control Center staff will then notify you and your provider in writing of the start date, fee amount and the provider's billing rate.

Provider Selected:		Provider FEIN/SSN:	
Parent's Name: (First and Last)		Parent's SSN:	
Child's Name (First and Last) List only the child(ren) that have been approved for ABC services.	Type of Care Needed (Circle One)		Requested Start Date (Note: This date may not coincide with the approved transfer date)
	Full-Time ☐ Half-Time ☐ Both ☐		Start/
	Full-Time ☐ Half-Time ☐ Both ☐		Start/
	Full-Time ☐ Half-Time ☐ Both ☐		Start/
	Full-Time ☐ Half-Time ☐ Both ☐		Start/
	Full-Time ☐ Half-Time ☐ Both ☐		Start/
	Full-Time ☐ Half-Time ☐ Both ☐		Start/
If any of the children attend school, what school district do they attend? (County and district number)			
Parent's Signature:	Date Signed:	Parent's Phone Number: ()	
Director's Signature:	Date Signed:	Provider's Phone Number: ()	

FOLD HERE

SOME THINGS TO THINK ABOUT WHEN SELECTING AND RECEIVING CHILD CARE

- ☐ Enough adults to care for all children
- ☐ Allows you to visit at any time and communicates with you regularly
- ☐ Provides a clean and safe environment.
- ☐ Provides a variety of age appropriate activities and materials.
- ☐ Provides a schedule that allow for nap, and both inside and outside activities.
- ☐ Positive interaction between adults and children.
- ☐ Listens and is responsive to your needs/concerns.
- ☐ Uses positive discipline.
- ☐ Child is happy and enjoys going there daily.

Family and Culture Questionnaire

We would like take a few minutes of your time to ask you to fill out the following questionnaire. The information collected from the questionnaire will be used to help teachers plan and incorporate individual family traditions in activities that enhance educational success using family beliefs and cultures. We appreciate you taking the time to help. Thank you!

About Me

Childs Name:

Child's Interest:

Foods my child likes to eat:

Things my child likes to do or play with:

Fears or Dislikes:

What words does your child use to let you know she/he needs to potty?

Child learns best by: (Circle al that apply)

Seeing/hearing

☐

Feeling

☐

My child falls asleep by (self, parent rocking, etc.):

My child has traveled to:

What items of interest from these places would you be able to share with the class?

Developmental Needs: (if any)

Concerns and/or goals:

About My Family and Culture:

Our family/families are from:

In our home, we speak:

Games we enjoy playing together:

Outdoor activities we do together:

Books we enjoy reading together:

Some recipes/food we enjoy together:

Some ethnic food we prepare in the home are:

Music we enjoy listening to together:

Some of my family traditions are:

We like to celebrate special days such as: (holidays/birthdays)

What items can you bring into the classroom to assist teachers with recognizing these specified family celebrations?

Please discuss with us your "parenting style" or child-rear practices. Are these practices part of a custom culture?

Please list all members of the household:

<u>Name</u>	<u>Relationship to child</u>	<u>What does the child call the family member</u>
1.		
2.		
3.		
4.		
5.		
6.		

Activities: What are some special activities your family participates in daily, weekly, monthly, seasonally, annually, etc. (Dancing, charities, sports, cheerleading, swimming, etc.)

Parent/Family Volunteer Opportunities

What are some customs, foods, dress, etc. from your culture that you would like to share with our Center?

Please list all skills, hobbies and talents you or a family member may wish to share:

Would you like to be called upon to volunteer within the Center?
(Ex. Reading, grounds-work, seasonal projects, field trips, etc.)

Is there any information that you feel is relevant and particular to your family, culture, customs, language, preferences, or traditions that you would like to share?

Please remember we are partners in your child's education and learning. Our goal in gathering the information on this form is to better provide for your child's unique and individual needs. None of the information will be shared with anyone other than those identified in the direct care of your child. Thank you for sharing your child with us!

Kids Corner Early Learning Academy, LLC Student Information sheet

Student Name:	Special Accommodations:	Food Allergies
Student Birthday Do you celebrate birthdays?	What is your preference regarding care:	Special Diet
Age: Grade	What American holidays you do not celebrate?	
What School does the child attend?	Are there any Religious Food Preferences:	What language does the child speak
#1 Parent/Guardian Name	Parent/ Guardian #1 Phone Numbers	Parent #1 Work Number
#2 Parent/Guardian Name	Parent/Guardian #2 Cell Number	Parent #2 Work Number
What is the child's temperament?	Are there any Social or Emotional Needs: Tell Us about your culture.	Medical Problems
Parent/Guardian Email Address:		
Student Emergency Contact:		
Name: _____		Phone Number: _____ - _____ - _____
Name: _____		Phone Number: _____ - _____ - _____
In Case of Emergency: Preferred Hospital and Address:		
Please List the persons you authorize to Pick up your child from Kids Corner ELA:		
1. Name _____		Phone Number _____
2. Name _____		Phone Number _____
3. Name _____		Phone Number _____
Parent/Guardian Signature:		Date: / /

