

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: Haynsworth Private School County: Greenville

Address: 228 East Park Avenue Greenville, SC 29609
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

Haynsworth Private School Information and Agreements

Enrollment Date ___/___/___

Student's Full Name _____
Date of Birth ___/___/___ (Circle) M or F
Home Address _____
City _____ State _____ Zip Code _____

Mother's Name/Legal Guardian: _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Work Phone _____ email _____
Place of Employment _____

Father's Name/Legal Guardian _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Work Phone _____ email _____
Place of Employment _____

IN AN EMERGENCY, IF WE CANNOT CONTACT EITHER PARENT, WHOM SHALL WE CALL? TWO EMERGENCY CONTACTS (WITH AUTHORIZATION TO PROVIDE EMERGENCY MEDICAL TREATMENT).

Name _____
Address _____
Home Phone _____ Cell _____
Work _____

Name _____
Address _____
Home Phone _____ Cell _____
Work _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD

Name _____
Relationship _____
Phone _____

Name _____
Relationship _____
Phone _____

STUDENT EMERGENCY FORM

STUDENT NAME _____

Teacher _____ Last Name _____ Grade _____ Nickname _____

Birth date _____ Age _____ Social Security # _____

Student Street Address _____ Home Phone Number _____

City _____ State _____ Zip _____

ALLERGIES: NO YES _____

If YES, please list

List any long-term medications(s) currently taken (Ritalin or Ritalin-type, hypo-allergenic, prescription of any type with indefinite time frame)

Please list any additional information about your child's medical condition, health history, behavior and physical, emotional or mental health including any dietary restrictions of which the Haynsworth School staff should be aware.

Physician's Name _____ Physician's Phone Number _____

Dentist's Name _____ Dentist's Phone Number _____

Parent name (or 1st contact) _____ Daytime Contact Location & Phone Number _____

Cell Phone Number or alternate numbers _____

Parent name (or 2nd contact) _____ Daytime Contact Location & Phone Number _____

Cell Phone Number or alternate numbers _____

Other contact name/relationship _____ Daytime Contact Number _____ Cell Phone _____

INSURANCE INFORMATION

Insurance Company (not Agent)

Phone number of Insurance Company

Insurance Policy Number

Hospital preference

In the event of a medical emergency while my child is in the care of Haynsworth School, the School Director or his appointed representative has the authority to take whatever steps are necessary to assure prompt medical attention (either in a doctor's office, dentist's office or a hospital).

Date

Parent/Guardian signature

DISCIPLINE POLICY

In accordance with the regulations of the Department of Social Services every child enrolled at Haynsworth Private School must have a signed statement of the Discipline Policy in which Haynsworth Private School administers according to the following requirements:

- a) Limits and rules shall be those necessary to safeguard the children and premises, and stated on the child's level of understanding.
- b) No corporal punishment shall be used.
- c) Children shall not be deprived of meals, naps, or bathroom privileges.

A child with a discipline problem that cannot be resolved between the director and parents must be withdrawn from school immediately. No refund will be granted.

I fully understand the above discipline policy of Haynsworth Private School and accept them as they are stated.

Child's Name

Classroom/Teacher

Date

Parent/Guardian Signature

Haynsworth School

Parent's Name(s) _____

Child's Name: _____

E-Mail Address: _____

E-Mail Address: _____

Please complete and return

Haynsworth School

Parent's Name(s) _____

Child's Name: _____

E-Mail Address: _____

E-Mail Address: _____

Please complete and return

Photography Consent Form

- Dear Parent/Guardian,
- As the parent of a child/children at Haynsworth Private School, I agree to the following: I understand that my child(ren) whose names are listed below may be photographed at Haynsworth Private School during normal school and late-stay hours, field trips, or activities. I understand that these photographs may be used in promoting Haynsworth School services, either in print or on the internet.

<ul style="list-style-type: none"> • Parent/Guardian Name 		<ul style="list-style-type: none"> • Relationship to Child 	
<ul style="list-style-type: none"> • Child 1 Name 			
<ul style="list-style-type: none"> • Child 2 Name 			
<ul style="list-style-type: none"> • Address 			
<ul style="list-style-type: none"> • City 		<ul style="list-style-type: none"> • State 	<ul style="list-style-type: none"> • Zip
<ul style="list-style-type: none"> • _____ I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting our school services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation. • _____ NO, I DO NOT GIVE MY PERMISSION • Parent/Guardian Signature _____ Date _____ 			

Parent Handbook Acknowledgment

Please sign this acknowledgment, detach it from the handbook, and return it to the school prior to enrollment.

This handbook may be updated occasionally and notice will be provided as updates are implemented.

Thank you for acknowledging the policies and procedures we have established for the safety and welfare of all children in our care. We look forward to getting to know you and your family.

I have received and read the Haynsworth Private School Parent Handbook.

Recipient Signature

Date

School Staff Signature

Date