



Hickory Grove Baptist  
Child Development Center  
2710 Highway 905 Conway, SC 29526  
(843) 365-1620  
2018-2019 ENROLLMENT PACKET



Full Name of Child \_\_\_\_\_ Gender \_\_\_\_\_

Name by which child is called \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Number of children in family \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Local church membership \_\_\_\_\_ If none, preference \_\_\_\_\_

Special interests of child \_\_\_\_\_

Special needs of child \_\_\_\_\_

Any serious health problems, allergies, illness, operation, or injury (age occurred)

\_\_\_\_\_. My child has had and can have (Y or N): Peanut Butter  Eggs

EMERGENCY: If parents cannot be located, in case of illness or accident, notify: (These individuals have the authority to obtain emergency medical treatment for child if parents cannot be reached)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Numbers \_\_\_\_\_

If the contacts listed above cannot be located, I hereby give permission to our family physician (or doctor on call) to hospitalize, secure proper treatment, anesthesia, or surgery for my child.

Child's Physician & Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

The following individuals are authorized to pick up my child (these individuals will still need to present identification to a teacher in order to pick up:

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ 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 annually thereafter, and maintained on file at the facility. **GENERAL INFORMATION:** (to be completed by the parent or guardian)

Name of Facility: Hickory Grove Baptist Child Development Center County: Horry Address: 2710 Highway 905 Conway, SC 29526

Child's Name \_\_\_\_\_  
Last First Middle Nickname

Date of Birth \_\_\_\_\_ Enrollment date \_\_\_\_\_

My child will regularly attend this facility from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Circle all days child will regularly attend this facility: Monday Tuesday Wednesday Thursday Friday

Circle all meals that child will receive daily: Breakfast Lunch Afternoon Snack

**HEALTH INFORMATION:** (to be completed by a parent or guardian)

1. Family Physician or Health Resource, Address & Telephone Number

\_\_\_\_\_

2. Emergency Care Provider, Address & Telephone Number

\_\_\_\_\_

3. Dental Care Provider, Address & Telephone Number

\_\_\_\_\_

4. Health Insurance Provider \_\_\_\_\_

Certificate of Immunization Yes \_\_\_\_\_ No \_\_\_\_\_ N/A (Explain) \_\_\_\_\_

\*Child must have a DHEC Immunization form (obtainable from doctors office) to be enrolled in daycare and this form must remain current to stay in daycare.

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc. and/or takes the following medications on a regular basis (include any additional comments necessary) \_\_\_\_\_

\_\_\_\_\_

I certify to the best of my knowledge \_\_\_\_\_ is in good mental and physical health and able to participate

in the child care program at Hickory Grove Baptist Child Development Center.

\_\_\_\_\_  
Parent/Guardian Signature (s) Date

\_\_\_\_\_  
Director/Teacher Date



Hickory Grove Child Development Center

General Information: (to be completed by parent or guardian)

Family Code Word(s) \_\_\_\_\_ Is child currently enrolled in school? \_\_\_\_\_

A. Medicine

I give permission for prescription and non-prescription medicine to be given to my child. Forms will be filled out individually by parents based on need. If you bring medicine to the CDC you must hand the medicine to a teacher and fill out a medication form for medicine to be administered.

\_\_\_\_\_  
Signature of Child's Mother Date

\_\_\_\_\_  
Signature of Child's Father Date

B. Emergency Medical Treatment

I give permission for Hickory Grove Baptist Child Development Center to obtain emergency medical treatment for my child.

\_\_\_\_\_  
Signature of Child's Mother Date

\_\_\_\_\_  
Signature of Child's Father Date

C. Transportation

I give permission for my child to be transported to and from Hickory Grove Baptist Child Development Center. I give permission for my child to be transported to and from field trips. Field trips will be announced in advance and permission slips distributed ahead of time.

\_\_\_\_\_  
Signature of Child's Mother Date

\_\_\_\_\_  
Signature of Child's Father Date

D. Swimming

I give permission for my child to participate in swimming activities through Hickory Grove Baptist Child Development Center. These events will be announced ahead of time and will be age appropriate water play activities.

\_\_\_\_\_  
Signature of Child's Mother Date

\_\_\_\_\_  
Signature of Child's Father Date

E. Photo and Media

I understand that Hickory Grove Child Development Center will use my child's picture in many different forms including, but not limited to: classroom decorations, art and craft projects, cubbies, and classroom doors. I understand that my child's photos may also be used on Hickory Grove Child Development Center's Website where pictures of center events, classroom activities and special events may be posted.

\_\_\_\_\_  
Signature of Child's Mother Date

\_\_\_\_\_  
Signature of Child's Father Date

F. Student Handbook

I have received and read the Hickory Grove Child Development Center Student Handbook. I understand the policies and procedures listed in the handbook and agree to abide by said policies and procedures.

\_\_\_\_\_  
Signature of Child's Mother Date

\_\_\_\_\_  
Signature of Child's Father Date