



Hickory Grove Baptist
Child Development Center
2710 Highway 905 Conway, SC 29526
(813) 365-1620
2021-2022 ENROLLMENT PACKET



Full Name of Child _____ Gender _____

Name by which child is called _____ Date of Birth _____

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 need to present identification to a teacher in order to pick up):

(Parent) Signed _____ Date _____

(Parent) Signed _____ Date _____

Hickory Grove Baptist Child Development Center
Disciplinary Practices

In order to comply with the regulations regarding disciplinary practices for licensed child day care providers, it is important that you understand the Department of Social Services (DSS) requirement which states:

- a. The discipline practices which care givers use with children shall be consistent with this definition: "Discipline is training that develops self-control, character, and social competence."
- b. No corporal punishment shall be used except when authorized in writing by the parent(s)/guardian(s); corporal punishment shall not exceed guidelines established in section 20-7-490(c)(1)(a) through (e) of the code of laws of South Carolina, 1976 amended;
- c. Appropriate limits or rules shall be those necessary to safeguard children and premises and shall be explained on the child's level of understanding;
- d. Staff shall not deprive children of food, liquids, naps, or bathroom facilities;
- e. Each child day care center has the option to prohibit corporal punishment;
- f. No verbal abuse, such as inappropriate language or abusive voice commands, etc. shall be permitted;
- g. No cruel, harsh or unusual punishment or treatment such as washing a child's mouth with soap shall be permitted;
- h. Unsupervised isolation shall not be allowed. The child shall be in the same room within sight of staff and facing staff if isolation from the group is used.

If you grant permission for corporal punishment for your child, please complete the remainder of the form as appropriate. If the child resides in a two-parent family, both parents must sign this form indicating their permission for specific punishment.

Hickory Grove Baptist Child Development Center reserves the right to use the following order of disciplinary actions:

1st Warning: Verbal Reprimand

2nd Warning: Time Out

3rd Warning: Time Out, during playtime

4th Warning:

- a. Spanking in a room away from other children with another teacher as a witness, or
- b. Parent is called at work to come immediately to spank child in another room with the teacher as a witness.

If your child cannot be controlled with discipline, we reserve the right to ask that your child be removed from the CDC. If you wish for your child to attend our center, you must sign this form indicating permission for your child to receive proper discipline. It is necessary for the signatures of all legal guardians to be on file.

I give Hickory Grove CDC permission to discipline my child, _____

- a. Time Out Yes _____ No _____
- b. Spanking on hand by hand Yes _____ No _____
- c. Spanking on buttocks by hand Yes _____ No _____
- d. Other (Explain) _____

Signature of Child's Mother _____ Date _____

Signature of Child's Father _____ Date _____

Signature of Child's Teacher & CDC Director _____ 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

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: _____

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