



# St. Andrews

## Child Development Center

**1860 Reid School Road, Taylors, S.C. 29687; (864) 322-0090**

**“Where Children Can Grow in God’s Grace”  
Offering Preschool, All-Day Care & After School  
Programming**

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Assistant Director: Kristina Cooper, [kcooper@standrewspc.com](mailto:kcooper@standrewspc.com)

Dear Parents,

Welcome to the St. Andrews Child Development Center family! Having worked in the children's ministry and educational arena for over 30 years I am proud to say I've never worked in a more supportive church or with a more dedicated team as here at the 'Saint'!

Our center began over thirty years ago as a faith-based ministry of the church family for our local community. Allowing this simple purpose to motivate the day-to-day operation of our center has built a reputation that we work to maintain! As a result, our parents can be assured of:

- a safe and welcoming facility designed to encourage their child's developmental growth spiritually, emotionally, physically, and socially, as well as intellectually.
- a positive staff that is fully qualified, experienced, and dedicated to the crucial role they play as each child's caregiver and teacher!
- a Pastor, Session, and congregation of folks that support this most important ministry through prayer, financial gifts and countless hours of volunteer time that greatly enables us to maintain our goal of low tuition costs.

No cookie-cutter program here! Each of my teachers, Assistant Director and I are committed to the building of quality and personal relationships with each child entrusted to our care and to their parents & grandparents. Ongoing communications with our families help us ensure the well-being of each boy or girl as we strive to meet the needs of the individual child at his or her developmental stage. To this end, we keep our preschool program small enough to be able to hold off, or hasten, the moving of a child into the next classroom level as maturity occurs and there is availability according to DSS guidelines.

Most of our preschoolers attend all-day childcare. That can add up to almost 11 hours away from home in a day. Our elementary-aged children come straight from a full day at school to participate in several hours of after school activities and care. At St. Andrews we take seriously the challenge of being an extension of your values and core beliefs while entrusted with the care of your child! We consider it a privilege to be involved in the molding of young lives, and we seek to be a positive, Christ-centered influence for each family that includes St. Andrews CDC as part of their child's life journey!

Joyce Johnson

Director

**"Children are a blessing and a gift from the Lord." Psalm 127:3**

Greetings parents,

We at St. Andrews Presbyterian Church are so excited for a new school year here at the CDC (Child Development Center). As you may know, this is a ministry that began over three decades ago when the session (ruling body) of St Andrews discerned a need for quality childcare in the Taylors community. In part, the CDC serves as one of the missions of the church by nurturing faith in little disciples, providing affordable and quality childcare for our community, and cultivating a safe and nurturing environment for your child. The lessons that are taught in this place not only prepare these children for school, but to be good human beings. We take this sacred task very seriously (but still have fun doing it). I want to be a resource for you and your family, please let me know if you have any questions, comments, concerns, or curiosities; you can call me or just pop on by my office (I don't mind, seriously).

In the name of Jesus, the Christ who welcomed children,  
AJ Ochart (he/him/Rev)  
(864) 979-1071

The Session of St. Andrews Presbyterian Church identified the need for quality childcare in the Taylors community three decades ago. As a result, St. Andrews Presbyterian Church embarked on a mission of providing quality, low cost, Christian daycare, and early childhood education in our community.

### **Mission Statement:**

We believe each child is unique in the eyes of God, and so, St. Andrews Presbyterian Church CDC seeks to share God's love by providing the children of our community with a place of nurture, learning, and worship.

# Parent Guidelines

## Weekly Tuition Rates

Tuition is due every Monday. \*\*Rates are not reduced for vacation, illness, multiple children, or inclement weather. \*\*\$15 charge for returned checks.

Young Twos	\$190
Preschool rate applies when child turns 2 years old	
Preschool 2-year-olds	\$165
Preschool 3- and 4-year-olds	\$158
Afterschool- Fall	\$70
Afterschool - Summer	\$158
Afterschool - School out and full day	\$17
Full Day Drop-In (per day)	\$40
Half days of school	\$8
Yearly Registration (per child)	\$80
Upon enrollment & each August, Non-refundable	
Summer Only Registration (per child)	\$40
Non-refundable	
Waiting list Fee	\$50
Late Pick-Up Fee	
Charge is per minute after 6:00 PM	\$2
Charge is per minute after 6:15 PM	\$4
Door Access Fobs (each)	\$10

**Withdrawal:** A two (2) week notice is required to withdraw your child from St. Andrews CDC. All tuition and applicable fees apply whether or not the child attends.

### Payments:

- Payments are due on Monday for the week.
- A \$10 Late Fee will apply if tuition is not paid by noon on Wednesday.
- Past Due Collections: Past due accounts, without special arrangement with the director, will be submitted to a collections service **at your expense**.

# Staff

The staff of St. Andrews CDC is a team of dedicated and experienced professionals. A creative, innovative, and loving group of teachers is vital to the quality of childcare. The CDC staff share in the vision of the church in seeing the center as a ministry while contributing uniquely in sharing God's love and nurturing the lives of each child that enters our doors. All staff is required to continue their education yearly in early childhood development through in-service workshops and accredited courses. Staff members are also required to renew first-aid and CPR training regularly in courses specific to the care and needs of children.

**Social Media:** Please note that our staff is not allowed to correspond with parents of currently enrolled students on any form of social media.

## General Information

### Enrollment:

- **Young Twos:** We are licensed for up to three (3) children less than two years old. Enrollment depends on availability in our 'Young Twos' room. Precedence given to staff, currently enrolled, then open to new families.
- **2K-4K Preschool:** A child must be two years of age to be enrolled in the Preschool program.
- **Afterschool:** Is available for kindergarten through 5<sup>th</sup> grade. Our bus picks up from Mountain View, Paris, & Taylors Elementary schools.

**Note-** We offer full summer programs for all the above ages!

### Brightwheel App:

Brightwheel is a free app we use to communicate between staff and parents. The app is used to track attendance, send notes, photos, medications given, curriculum information, field trip info, infant daily schedule. This is also the best way to communicate with your child's teacher and/or staff. We prefer teachers to use the Brightwheel app or the center's phone.

### Drop off and pick up:

- **Hours:** 7:15 AM – 6:00 PM
- **Late Pickup Fees:** All children must be picked up and exit the building by 6:00 PM. There is a late pickup fee of \$2 per minute after 6:00 PM and then \$4 per minute after 6:15 PM.

#### Tips to help make these times go safely and smoothly:

- Please honor our **10 MPH speed limit** in the church parking lot and the turn-around drive!
- Key fobs unlock our door between 7:15 AM and 9:00 AM.
- Upon arriving, please follow the morning routine posted on the outside door.
- To ensure your child's confidence and sense of security, please give them a reassuring hug with a positive message such as "I'll see you in a little while after you've had a fun day!" and then depart quickly.
- Please do not use cell phones in the building! A teacher may need to speak with you and your child has been waiting all day to greet you!
- Please be courteous if you pick up your child while a teacher is still conducting a group activity.

## Security:

- Access to our locked facility is through the side entrance- there is a security camera and 'swipe' for parents to use an assigned key fob (each key fob is \$10).
- The bell and intercom, located at same entrance is available for anyone without a fob. Please be patient as our staff are busy but will answer your call as soon as possible.

## Absences:

When a child will be absent, please notify the center as soon as possible (this can be done through the Brightwheel app). **This is especially important if we plan on picking your child up at school.**

## Holidays:

- Labor Day
- Three days at Thanksgiving\*
- Four days at Christmas\*
- New Year's Day\*
- Martin Luther King Day
- Good Friday
- Independence Day\*
- Memorial Day.
- Closed the last day of summer\*
- Election day half day\*

\*Knowing the day of holidays change year to year the dates we close could change. We will notify parents ahead of time.

## Inclement Weather:

In most cases, we follow the Greenville County School District schedule. We will follow the same schedule if they close for snow or ice. Please check the Brightwheel app for any delays, cancelations, or exceptions to our closing policy.

## Emergency Information:

In the event of an emergency evacuation, your child will be transported to either 17:TWENTY (next door) or Piedmont Park fire department. (Please see Day Care Evacuation Plan Emergency Evacuation Permission Form)

## Confidentiality:

All student information and records are confidential. The only personal information shared is necessary medical and contact related that all staff must have on hand.

## Curriculum/Class Content:

The curriculum is **Experience Curriculum** by Brightwheel, along with the faith-based *God Loves Me* Bible stories. Weekly chapel time is provided by the staff and volunteers. This includes music, prayer, and a story that supports the theme of the curriculum or the church season. The learning experience for 2 yrs. through 5<sup>th</sup> grade includes a variety of fun and educational field trips and special guests to the center year-round. In addition, our students, and their families, throughout the year, are invited to join the St. Andrews family for opportunities of spiritual growth and fellowship such as Vacation Bible School and special Mission/Service opportunities.

## Toys:

Each Friday is 'bring-a-toy-to-share' day. Each child may bring a toy from home to share in class that day. Please do not send items of great value and be sure the toy is clearly marked with name or initials.

## Homework:

Children will be offered 45 minutes of homework time each day Monday through Thursday. Children are responsible for presenting assignments and asking for help as needed. Please check your child's work. We are not responsible for completion of homework. We provide basic supplies, but each child may keep their own additional materials at St. Andrews CDC.

## Discipline:

- A preventative approach to discipline is employed whenever possible.
- No corporal punishment is allowed at St. Andrews.
- Redirection or verbal counseling is always the first course of action.
- Time-out periods may be used with a guideline of 1 minute per year of age.
- After school-aged children may be assigned a writing assignment.
- Persistent behavior problems and/or inappropriate physical contact (ex. biting and hitting) will be documented on Brightwheel. Documentation through Brightwheel is also a means for us to communicate to you how your child's day has gone-it is often difficult to talk with every parent at busy pick-up times.
- In extreme cases, a parent will be contacted to assist with any behavior problems.
- On a case-by-case basis other means of addressing behavior problems may be implemented upon discussion/agreement between the parent and teacher (i.e., withdrawal of field trip privileges or suspension).

## Grievance Procedure:

In all grievance situations, the person with the grievance is obliged to make an attempt to discuss and resolve the problem on a one-to-one basis with the other person involved before moving on to the following procedure.

- Discuss the problem with the CDC Director.
- If either party is not satisfied with the Director's resolution of the issue, they may file a written grievance with the CDC Mission Team. The Team will hear all sides of the issue and will give a written decision to all parties involved within 4 working days.

## Dismissal of a Child:

St. Andrews CDC reserves the right to dismiss any child if, after entering the program, he or she seems unable to participate in the group experiences or if fees have not been paid. On this rare occasion, if at all possible, we will extend the courtesy of a two-week notice.

## Damage/Loss to Property:

We reserve the right to ask for reimbursement from parents if damage or loss to St. Andrews property/equipment is the result of intentional maliciousness or repeated disregard of center policies.

# Health

## Forms:

Medical forms must be completed and turned into the center before a child can be admitted. All immunizations must be current according to their age and a copy of a South Carolina immunization record given to the Director within 30 days of enrollment.

## Illness:

If your child is ill or unable to participate in center activities (ex. can't go outside due to a cold), you must make arrangements for alternate care. **DO NOT BRING AN ILL CHILD INTO THE CENTER.** This policy is for your own child's comfort and to prevent the spread of illness to other children.

If your child appears ill upon arrival, a staff member may refuse to accept him or her into the center. Your child cannot remain in the center with any of the following:

- Fever over 100 degrees
- Vomiting
- Severe symptoms of congestion or prolonged cough
- Diarrhea
- Rash (if cause is unknown)

Re-admittance to the center after contracting a communicable illness or condition should follow these guidelines:

- Chicken pox: Six days after lesions appear (ALL lesions must be completely dried up).
- Impetigo: 24 hours after treatment begins and drainage is over.
- Lice: After treatment begins. Treatment must be followed through.
- Scabies: After treatment begins.
- Strep Throat: 24 hours after oral medication begins.
- Meningitis: According to the guidelines of the local or state health department.
- Hepatitis: Written recommendation of child's physician.
- Pink Eye: Child should be seen by a physician to determine if condition is viral or bacterial. Physician's recommendations should be followed.
- Fever: Must be fever-free (without the aid of medication) for 24 hours before returning to the center.

If a child becomes ill while at the center, they will be isolated from the other children and a staff member will call the parent or an emergency contact from the child's file. Staff will continue to monitor the child's condition (take temp., provide fluids, etc.) until the child is picked-up. Further illness descriptions and related explanations of the regulations that we are required to enforce can be found at: [www.scdhec.gov](http://www.scdhec.gov).

## Food:

Each child should bring in a cold or heat-up lunch (all items labeled please), napkin, and any needed utensils. We also offer the option of a CDC provided lunch on Fridays. Friday lunch is \$3 per child and is a Pizza lunch.

- **DSS regulation Number 114-528 A(3)**
  - Round, firm foods shall not be offered to children younger than four years old. Examples of such foods include hot dogs, grapes, hard candy, nuts, peanuts, and popcorn. Hot dogs may be served if cut lengthwise and quartered; grapes may be served if cut in halves.
- **DSS Regulation Number 114-529 A(1)(j)**
  - Food for infants shall be cut in pieces one-quarter inch or less.
- **DSS Regulation Number 114-529 A(1)(k)**
  - Food for toddlers shall be cut in pieces one-half inch or less.

## Allergy Information:

- Due to the increase in allergies, and in an effort to keep all our children as safe as possible, please do not bring **peanut butter, nuts of any kind, or products packaged in factories that process nut products** to the CDC (Wow butter or Sun butter is acceptable).
- Please read all labels before sending items with your child.
- If we find an item in your child's lunch that contains peanuts and/or nuts, we'll give your child something else to eat that day and put a note in the lunch box so that you don't mistakenly send it again.
- Please honor our crucial policy when packing your child's lunch. Make sure home-baked food does not contain nuts, tree nuts, etc.
- Only store-bought goods, with listed ingredients, may be brought into the center for class treats, parties, etc.
- The St. Andrews CDC facility is a shared space with the church and various other community programs. We will make every effort to convey the above information with everyone but cannot guarantee cross-contamination will not occur.

# Signature

I have read and understand the requirements and policies in this handbook. I understand that I am committing to a space in the St. Andrews Child Development Center's program whose continued operation relies solely on weekly tuition. I understand that my tuition is due on Monday of each week regardless of whether my child attends or not. I have read and understand the policy of a two-week notice including all applicable fees is due should I need to withdraw my child from the program.

Parent Signature.....Date.....

CDC Director.....Date.....

# Forms

- Application for Admission
- Emergency Evacuation Permission Form
- Emergency Medical Plan and Emergency Contact Form
- Medical Authorization and Administration
- Sunscreen/Diaper Cream/Hand Sanitizer Release Form
- Swim Permission Form
- Transportation/Field Trip Permission Form
- Mandatory Reporting Acknowledgement
- Scheduled Activity Form
- Tracking Policy Form
- Image Use and Consent Form
- Release of Liability and Covenant Not to Sue
- Limited Power of Attorney
- DSS Form 2900

# Application for Admission

Child's Full Name \_\_\_\_\_

Child's Main Residence \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ Elementary School \_\_\_\_\_

Date of Application \_\_\_\_\_ **Desired** Date of Enrollment \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's SSN \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Work Address \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's SSN \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Work Address \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Are the parents divorced/separated? \_\_\_\_\_ If yes, who has custody? \_\_\_\_\_

Responsible party to appear on billing statement \_\_\_\_\_

## Child's Medical & Developmental History:

1. Is the child right-handed or left-handed? Left / Right

2. Please list any other persons living with the child and their relationship (if any) to the child:

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3. Previous preschool experience:  No  Yes Where and when? \_\_\_\_\_

4. Child's Allergies \_\_\_\_\_

How do they react to the allergen? \_\_\_\_\_

5. Does your child have any special medical conditions?  No  Yes Explain \_\_\_\_\_

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6. Does your child have any chronic illnesses?  No  Yes Explain \_\_\_\_\_

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7. Languages spoken at home: \_\_\_\_\_

8. Does your child have asthma?  No  Yes If yes, please attach care instruction from your physician.

9. Will Medication be administered regularly?  No  Yes If yes, please attach care instruction from your physician.

10. Does your child have any special dietary needs?  No  Yes Explain \_\_\_\_\_

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11. Is your child able to fully participate in all activities?  Yes,  No Explain \_\_\_\_\_

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12. Can your child communicate his / her needs?  Yes,  NO  
Explain \_\_\_\_\_

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13. Does your child require one to one care/supervision on a regular basis for a significant period of time?  No  Yes Explain \_\_\_\_\_

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14. Does your child require any accommodations or modifications to fully and adequately enjoy and participate in a group care setting?  No  Yes Explain \_\_\_\_\_

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15. Describe any cultural or religious beliefs that you would like CDC Staff should know:

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Please list anything else you would like the CDC Staff to know:

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## Emergency Evacuation Permission Form

In the event of an immediate emergency evacuation, I hereby grant St. Andrews Presbyterian

Child Development Center permission to transport my child/children, \_\_\_\_\_

\_\_\_\_\_, to the following location: 17:TWENTY or Piedmont Park Fire Department.

I understand that I will be notified as soon as possible and that my child/children will be cared for until I can pick him/her up.

\_\_\_\_\_  
Signature of parent or legal guardian                      Date

## Emergency Medical Plan and Emergency Contacts

In case of a medical emergency in which emergency medical care and treatment are warranted, the following steps will be followed:

- Call 911 EMS for First Responders to come to the center, and the parent/guardian will be called immediately after that.
- If CPR or First Aid is necessary, trained staff will administer treatment until the ambulance arrives.
- First Responders will assess and determine whether the child needs to be taken to the hospital or emergency room. Emergency information will be taken with the child to the emergency location.
- The director or assistant director will accompany the child to the hospital or emergency location and remain until a parent or guardian arrives.

Permission is granted to meet the needs of my child in case of an emergency.

Signature of parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_

**Emergency Contacts: (has permission to pick up child)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Number \_\_\_\_\_ Secondary Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Number \_\_\_\_\_ Secondary Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Number \_\_\_\_\_ Secondary Number \_\_\_\_\_

## Medical Authorization and Administration:

The center requires written authorization to administer any medication or medical treatment. Prescription medication must be in its original pharmacy labeled container with the child's full name, name of medication, dosage amount, time the medication is to be administered, and frequency of dosage. Over the counter medication may be administered under the following conditions:

- Medication is in its original labeled container, with child protective caps.
- All medication shall be used for the child for whom the medication is labeled.
- The container is labeled with the child's first and last name.
- Written authorization is provided by parent or legal guardian.
- Administered according to dosage indicated by the manufacturer, unless written authorization for an alternative dosage is provided by a licensed health care provider.
- All medications shall be stored in a separate locked container under proper conditions of sanitation, temperature, light, and moisture.
- Discontinued and expired medications shall not be used and shall be returned to the parent or disposed of in a safe manner.
- Any errors of administration of medication will be reported immediately to the family and notified in writing of a medication error or a suspected adverse reaction to medication and shall be recorded in the child's record.

To meet DHEC's standards (Department of Health and Environmental Control), if a child has an Epi-Pen, it should be stored in a First Aid Kit that is readily accessible in the event of an emergency. Staff must be trained to administer emergency medication. Parents should complete a Medicine Form to allow the staff to administer an Epi-Pen.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

## Sunscreen/Diaper Cream/Hand Sanitizer/Chapstick/Bug repellent

Sunscreen, Diaper Cream, Chapstick, and or Bug repellent may be brought in for your child to use as needed. If you would like any of these used for your child, then please provide the item and please make sure it is labeled. You will need to hand the items to a member of the CDC staff to be put away out of the child's reach.

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Diaper Cream

\_\_\_\_\_ Chapstick

\_\_\_\_\_ Bug Repellent

\_\_\_\_\_ Hand Sanitizer (only when the use of a sink is not possible)

My child, \_\_\_\_\_, has my permission to have his/her own items initialed above applied as needed.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

## Swim Permission

I give permission for my child, \_\_\_\_\_, to participate in **water day /** swimming activities.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

## Transport/Field Trip Permission:

I authorize St. Andrews Presbyterian Church CDC to transport my child,  
\_\_\_\_\_, to and from the facility (school transport), or in case of  
an emergency.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

### Walking Excursions

I give permission for my child to participate in supervised walking excursions near and around the center.

Signature of Parent or Guardian \_\_\_\_\_

## Mandatory Reporting

I understand St. Andrews Presbyterian Church CDC is mandated by state law to report any cases where there is reasonable cause to believe that a child is being neglected, exploited, deprived, sexually assaulted, sexually exploited, physically injured, or suffered death by other accidental means by a parent, guardian, or caretaker to the proper authorities. To avoid any misunderstanding, parents are encouraged to keep St. Andrews Presbyterian Church CDC aware of any unusual bruising or injuries occurring at home.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

## Scheduled Activity

Please notify the center if your child has any scheduled activities or will be picked up or dropped off by someone else due to any scheduled activities. A DSS Form 2930 must be filled out and returned to the center for any therapy or extracurricular activities.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

## Tracking Policy

A parent/guardian or another adult must accompany every child to the classroom and notify the teacher that the child is present. Please recognize that for safety reasons, children may not walk to their classrooms alone. The parent/guardian must inform the classroom teacher when a child leaves the classroom, goes outside on the playground, and leaves at the end of the day. The center is not responsible for the child until a teacher recognizes the child as being present.

The classroom teachers will check each child in or out on the Brightwheel app. Every time the children transition to a different location, the teacher(s) will make a head count of the students and record the information on the app. The teacher will make sure to match each child with their name and picture on the app.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

# Image Use Consent and Release Form

As the parent or guardian of the child/children listed below,

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I agree to the following:

I grant to St. Andrews CDC employees the right to take photographs and/or video recordings of me and my family in connection with activities at the facility, or on field trips. I understand that these images will be used for internal areas of display, such as bulletin boards, Brightwheel post, class projects, scrapbooks, and slide shows, which may be seen by current and prospective clients, and members and visitors of St. Andrews Presbyterian Church. These photos or video will not be on any social media without prior consent.

I do not give permission for St. Andrews CDC and or Staff to display images of my child/children for any use. This would mean that NO pictures will be sent on Brightwheel, posted in the building, or anywhere else.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

# Release of Liability and Covenant Not to Sue

I/We give Saint Andrews Presbyterian Church Child Development Center permission to transport my child/children, \_\_\_\_\_ on the Child Development Center bus or a teacher's vehicle for any activity that requires transportation to and from Saint Andrews Child Development Center. In doing so, I/We release Saint Andrews Presbyterian Church and the Child Development Center from liability and covenant not to sue Saint Andrews Presbyterian Church, the Child Development Center, the CDC director, or any teacher employed by Saint Andrews Child Development Center.

Signed: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

## Limited Power of Attorney

If a serious emergency arises, it may be necessary for a physician to attend your son/daughter before the staff could get in touch with you or your designated physician. Such care can be provided only if you sign the following AUTHORIZATION FOR MEDICAL TREATMENT.

I give the teacher or administrator in charge of my son/daughter limited power of attorney to act in my absence and see that my son/daughter, \_\_\_\_\_ gets whatever medical treatment necessary in case of sickness or accident.

List any medical exemptions (allergies, blood transfusions, etc.) for your child:

\_\_\_\_\_

List any significant health problems: \_\_\_\_\_

My child is presently taking the following medications prescribed by a physician: \_\_\_\_\_

\_\_\_\_\_

Name of medicine: \_\_\_\_\_

Amount taken: \_\_\_\_\_

Family Health and Accident Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

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: St. Andrews Presbyterian Child Development Center County: Greenville   
 Address: 1860 Reid School Road Taylors, SC 29687  
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