



Miss Aimée's Sullivan's Island Child Care

1856 Middle Street • Sullivan's Island, SC 29482 • (843) 883-9162

Child's Start Date _____

Child's Full Name _____ Preferred _____

Birthdate _____ Telephone _____

Address _____

Mother _____ Address _____

Phone (Home) _____ (Business) _____

Business & Address _____

Father _____ Address _____

Phone (Home) _____ (Business) _____

Business & Address _____

Who should we contact in case of emergency (other than parents)?

1. Name _____ Relationship _____

Phone (Home) _____ (Business) _____

2. Name _____ Relationship _____

Phone (Home) _____ (Business) _____

Name of Physician _____ Phone _____

Address _____

Please describe allergies, if any: _____

Any on-going medication or therapy? _____

How does your child react to a high fever (seizures, lethargic, etc.)? _____

LATE PICK-UP POLICY

We close at 6:00 P.M. should your child be picked up after 6:00, please be prepared to pay the Staff Member staying late. Our late fees are as follows: Pick-ups from 6:01 - 6:15 \$5.00 Pick-ups after 6:15 \$1.00 per minute
Please make checks payable to the Staff member staying late.

I understand the late policy and agree to reimburse the staff member staying with my child should he/she be picked up late.

Signature of Parent _____

Throughout the year - if there is anything unusual going on in your home, please call us and let us know. This might be severe illness, a relative in the hospital, parents going away, anticipating moving, house for sale, death of a relative or pet, witnessing or being involved in a fire or accident, etc. Even though your child seems not to have been affected, we may see in his behavior that he/she is upset. If we know what the cause may be, we are better able to cope with it. If you are separated from your husband (or wife), please let us have special instructions. Unless we have written permission, No Child will be allowed to leave school with anyone other than the parent(s) who enrolled him/her or with the school on field trips.

The following authorizations are necessary for the center staff to act in your child's best interest at all times. Please complete all the information.

PICK-UP AUTHORIZATION

The following people are authorized to pick up my child at Sullivan's Island Child Care (Other than parents):

1. Name _____ Relationship _____

2. Name _____ Relationship _____

3. Name _____ Relationship _____

Persons not allowed to pick up my child (if any) _____

If there are any changes, I will advise the center.

Two weeks advance written notice of cancellation required.

Signature of parent _____

FIELD TRIP PERMISSION

I am willing _____ I am not willing for my child to be taken on field trips, either on foot or in an authorized vehicle, supervised by the teaching personnel at Sullivan's Island Child Care. Seatbelts will be used at all times in vehicles.

Signature of parent _____

EMERGENCY MEDICAL PERMISSION

In the event that I cannot be reached in an emergency, Sullivan's Island Child Care has my permission to have my child treated at Doctor or Hospital of choice.

Signature of parent _____

Please help us update our files by completing and returning the following today:

Custodial parent/guardian enrolling child

Name _____ Relationship _____

Name _____ Relationship _____

Person legally responsible for Child Care payments:

Name _____ Relationship _____

DISCIPLINE POLICY - We use the "Time Out" method of discipline. "Time Out" is supervised isolation of the child from other children or the activity for a time period appropriate to the age level and reason for time out. Other forms of correcting behavior can include having older children write or dictate letters to parents, having snack at a separate time or table, having the child clean up or help clean up an area he messed up, group discussions of inappropriate behavior, restricting child's use of toy or object used incorrectly, etc. "No Corporal Punishment."
S.C. Department of Social Services now requires parental signatures on a statement of methods used to discipline children. Please sign.

Name _____ Date _____

S.C. Department of Social Services also requires that Centers have on file information requested below to assist us in releasing children to authorized persons only. Please supply us with a "Family Code Word" and the driver's license number of custodial parent/guardian(s). As in the past, please notify us prior to sending someone else to pick up your child - preferably in person. However, if an emergency situation should arise during the day, please call and let us know who will be picking up your child. If the staff does not recognize your voice, we will ask for your name, license number and the code word. We will check our files and release your child as requested if the information matches.

Name _____ Driver's License _____

Name _____ Driver's License _____

Family Code Word _____