

# BEAUTIFUL CREATIONS AFTER SCHOOL APPLICATION

Date Application Completed \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

**CHILD INFORMATION:**

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

**FAMILY INFORMATION:**

Father/Guardian's Name \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

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

Mother/Guardian's Name \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

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

DO BOTH PARENTS HAVE PERMISSION TO PICK CHILD UP?  Yes  No

If **no**, please list which parent **CANNOT** pick up: \_\_\_\_\_

Child lives with: \_\_\_\_\_

**CONTACTS:** Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

\_\_\_\_\_  
Name Relationship Address Phone Number

\_\_\_\_\_  
Name Relationship Address Phone Number

\_\_\_\_\_  
Name Relationship Address Phone Number

**HEALTH CARE NEEDS:**

List any allergies and the symptoms and type of response required for allergic reactions.

\_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns

\_\_\_\_\_

List any particular fears or unique behavior characteristics the child has

\_\_\_\_\_

List any types of medication taken for health care needs

Share any other information that has a direct bearing on assuring safe medical treatment for your child

**EMERGENCY MEDICAL CARE INFORMATION:**

Name of health care professional \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

**Weekly Cost/Fees for Beautiful Creations:**

**Registration**

(Name of child)..... to start on: ..... for ..... # of days p/week.

**Fees**

Registration fee.....\$20.00

After School fee.....\$65.00

Daily fee (1 or 2 days).....\$25.00

Registration Fee received? Y or N Date:.....

**Participant photographed and interviewed: Beautiful Creations retains the right to use photos taken while at facilities or at events sponsored by the Camp or other organizations for publicity purposes on social media, flyers, etc.**

**Please note that:**

Beautiful Creations reserves the right to amend the terms/conditions and registration fees at any time.

- ***There will be a \$1 late charge for the first 5 minutes after closing time (6:30pm). After 5 minutes (6:35pm) there will be an addition \$5 fee for each minute late.***
- ***All fees are due on the first day of the forthcoming week. If fees are not paid by the time your child/children are picked up on Monday, they will not be able to attend the following Tuesday.***

**A child's continued place at Beautiful Creations is dependent on continued payment of fees.**

In the event of absence without notice or illness, occasional days off and parental holidays, or closure of Beautiful Creations due to an unforeseen event, **payment of the full session is required.**

Parents/caregivers are advised to speak to Administrator about payment of fees in cases of prolonged absence.

**Signed: Parent/caregiver: ..... Date: .....**

**Signed: Administrator..... Date: .....**

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I, as the administrator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

# *Beautiful Creations*

## **AAFTER SCHOOL POLICIES, PROCEDURES and RULES**

### **TIMES:**

2:30 p.m. - 6:30 p.m.

### **AGES:**

5-12 years (child must have completed a full day 4K program and be at least 5 years of age). Proof of age may be required.

### **REGISTRATION & PAYMENTS:**

At registration, you must also sign up for the weekly sessions your child will attend. A **\$20.00 non-refundable** application fee is required to complete registration and ensure that your child has a spot in the program.

Full payment for each week is due by Monday or the first day of the week that your child attends. If payment is not received by the end of the week, your child will not be allowed to attend the next week for which you have registered.

Fees **will not** be pro-rated for absences, holiday, or election to withhold child from field trips.

Please make checks payable to **Beautiful Creations CDC LLC**

**Weekly Fees: \$65.00 per child per week** with a discounted rate for each additional child

### **PICK-UP:**

Only those listed on the registration form will be permitted to pick up. If someone not listed on the registration form will be picking up your child, you must notify us in advance. This person will need to show photo identification and know your child's "**code word**".

### **STAFF:**

All staff have completed CPR, AED, & First Aid training, as well as online safety trainings.

### **MEDICATION:**

Please give your child any medication they may need prior to drop-off. No medications will be administered to your child by staff members.

### **ILLNESS:**

If your child becomes ill or has a fever, they cannot be present at camp. If your child becomes ill during the program, a parent or guardian will be notified and will be asked to pick up the child. Your child must be **fever-free for 24 hours** before returning to camp.

**EMERGENCY CONTACT:** Please notify us of any changes in contact information as soon as possible

### **MEDICAL EMERGENCY PROCEDURE:**

- Staff will notify parent/guardian and, depending on severity of injury, may call 911 first.
- If parent/guardian cannot be reached, the emergency contact listed on the registration form will be contacted.
- If no one on the registration form can be contacted and it is imperative that the child be immediately transported for care, Beautiful Creations staff will accompany the child.
- Paramedics will take the injured child to the nearest hospital.
- Beautiful Creations staff will continuously call the parent/guardian/emergency contact until someone is reached.

**DISCIPLINE:**

Should a disciplinary problem arise, staff will respond immediately to the situation. You may be contacted to pick up your child if the problem affects the safety and well-being of another participant and/or staff member or if the problem cannot be resolved by staff. A parent conference will be requested to address the issue.

Suspension is possible if a child deliberately harms another child and/or staff member, participates in the deliberate or willful destruction of facility property, or if staff cannot control your child's behavior. For the safety of all children and staff members, the following behaviors will not be tolerated, and disciplinary action will be taken immediately:

- Foul and sexually suggestive language or behavior
- Hitting or striking other children and/or staff members
- Insubordinate or disrespectful behavior
- Damage and/or theft to other's property
- Bringing weapons and/or illegal items to camp

Disciplinary procedures may include a verbal warning, "time out", exclusion from certain activities, and suspension and/or expulsion. No refunds and/or credits will be issued if your child is removed from the program for disciplinary reasons.

**ATTIRE:**

Please dress your child with proper attire for physical activity. Tennis shoes are required. Prior to drop off, please apply sunscreen on your child and provide camp staff with approved sunscreen for your child to apply as needed.

**POSSESSIONS:**

We **will not** be responsible for any items or devices that are **damaged, destroyed, or misplaced** and ask that you leave any personal items or devices of significant value at home. In the situation where your child is asked to bring additional clothing, towels, shoes, etc. for participation in an activity, it is the responsibility of the parents/guardians to retrieve these items at the end of each day (please label all items). We **will not** be responsible for any items/materials left after camp hours. If any items are lost, please check the lost and found.

**Beautiful Creations: 864-586-1924    Email: [info@beautifulcreationscdc.com](mailto:info@beautifulcreationscdc.com)**

**Location: 1251-A Boiling Springs Rd. Spartanburg, SC 29303**