# **BEAUTIFUL CREATIONS AFTER SCHOOL APPLICATION**

CHILD INFORMATION: Full Name:		Age Date of Birth:	
FAMILY INFORMATION: Father/Guardian's Name Address (if different from c		Email addr	ess:
Home Phone	Cell Phone	Work Phor	e
	Email address:child's)		
Home Phone	Cell Phone	Work Pho	one
following individuals, as au	thorized by the person w	ts/guardians listed above. The choosigns this application. In the s permission to contact the foll Address	_ ,
Name	Relationship	Address	Phone Number
	Relationship		
Name	Relationship	Address	Phone Number
HEALTH CARE NEEDS:	·	Address onse required for allergic react	
	mptoms and type of resp		ions.

List any types of medication taken for health care needs	
Share any other information that has a direct bearing on assuring safe med	dical treatment for your child
EMERGENCY MEDICAL CARE INFORMATION:  Name of health care professional	Office Phone
Weekly Cost/Fees for Beautiful C	reations:
<u>Registration</u>	
(Name of child) to start on: for	# of <i>days</i> p/week.
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 to or at events sponsored by the Camp or other organizations for publicity per Please note that:  Beautiful Creations reserves the right to amend the terms/conditions and organizations reserves the right to amend the terms/conditions and organizations reserves the right to amend the terms/conditions and organizations reserves the right to amend the terms/conditions and organizations reserves the right to amend the terms/conditions and organizations reserves the right to amend the terms/conditions and organizations reserves the right to amend the terms/conditions and organizations reserves the right to amend the terms/conditions and organizations reserves the right to amend the terms/conditions and organizations reserves the right to amend the terms/conditions and organizations reserves the right to amend the terms/conditions and organizations and organizations for publicity or all the terms/conditions and organizations for publicity or at events of a section of the full session is required.  A child's continued place at Beautiful Creations is dependent to an unforeseen event, payment of the full session is required.	registration fees and weekly fees at any time.  If ter closing time (6:30pm). After 5  Each minute late.  The each minute late.  The each minute late are not paid by the time of the late able to attend the late.  The each minute late attend the late able to attend the late.  The each minute late attend the late able to attend the late able to attend the late.  The each minute late attend the late attend the late attend the late attend the late.  The each minute late attend the late attend
Parents/caregivers are advised to speak to Administrator about payment of	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	n for my child in an emergency.
Signature of Parent/Guardian	te medical resource in the event of e supervised by a responsible adult. I will not
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 <u>must</u> 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 or 864-606-7019

Email: info.beautifulcreationscdc@gmail.com

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