



Launch After School and Summer Camp Program Enrollment Application

Child Introduction:

Child's Name: _____ School: _____

Allergies/Medications/Special Accommodations: _____

We want to get to know your child so that we can better assist him/her in our program. This information will only be used to help us be sensitive in certain areas and make special accommodations as necessary. We would also desire to partner with you in healthy habits & positive social interactions.

What are his/her routines, likes, dislikes...etc?

Eating: _____

Likes: _____

Dislikes/ Fears: _____

Habits: _____

Favorites: _____

Social Interaction: _____

Where is your child at developmentally? Successful and struggling areas:

What other information should we be made aware?

Events at home often influence your child's behavior. We can better assist your child when we are informed of situations and/or events that might influence his/her overall behavior such as; divorce, separations for family or friends, death of relative, friend or pet. Knowing about these transitional times allows us to give your child special attention, understanding and care. We will be sensitive with this information and only utilize the information for the betterment of the child.

Are there events in the home that may be affecting behavior or mood? Has anything happened recently in your child's life that might have an effect on him/her?

Persons authorized to pick up child from the Summer/After School Program:

Mother's Name: _____

Cell: _____

E-mail: _____

Father's Name: _____

Cell: _____

E-mail: _____

If parents are divorced, who has legal custody: (Please circle)

Mother

Father

May the non-custodial parent pick up the child: (Please check) Yes No

If "No" is selected, you must provide court-issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

List the names (and attach a photocopy of their drivers license) of the people who have permission to pick up this child and their relationship.

Name

Relationship

Phone

1. _____

2. _____

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: School A Child Learning Center County: Horry

Address: 1639 Dunn Shortcut Rd, Conway, SC 29527
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

Financial Agreement

- Registration fee is:
\$50 (Launch After School Program) \$100 (SAC Learning Center) \$110 (Launch Summer Camp)
FEE IS NON-REFUNDABLE
Parent Initial _____
- The tuition fee for _____ is \$_____ per week for the first child and \$_____ per week for each additional child, *within the same* family.
Parent Initial _____
- Summer Camp Program – tuition is due each Monday one week in advance.
Other Programs - tuition is due each Friday for the following week. If payment is not received in full by Monday 6:00 PM, your child will not be able to attend until payment is received in full.
I understand that the tuition fee agreed upon is due whether or not my child is in attendance each day.
Parent Initial _____
- Additional spending money for your child may be required depending on planned field trips/ activities.
Parent initial _____
- PICK UP late fee of \$1.00 per minute will be assessed for any child picked up after 6:00PM and \$5 per minute after 6:20PM which will be due with the next tuition payment. (For example: if your child is picked up at 6:30PM your late pick up fee will be \$70 (\$20+\$50=\$70).
Parent initial _____
- NON-PAYMENT late fee of \$5.00 per day will be assessed for each child if payment is received later than Monday at 6:00 PM. This Late Fee will be added to the tuition payment which is due ASAP. Your child will not be able to attend until payment is received in full.
Parent initial _____
- Debit/Credit and cash payments are acceptable forms of payment.
Parent Initial _____

Please return the signed registration and financial agreement form to the above address. Your child will not be considered registered until the required forms and fees have been received. I have carefully read and understand all the information.

My signature below confirms my financial commitment to this program.

Child's Name: _____ Parent/Guardian Signature: _____

Date: _____

Launch After School & Summer Camp

A Ministry of Missions for the Nations Ministry | 1639 Dunn Shortcut Rd Conway, SC 29527
843.236.5683 | contact@missionsformations.com

Parent / Guardian Agreement

Please read carefully and initial each place where you agree.

Failure to complete this form in its entirety will prohibit your child(ren)'s enrollment.

I have read (or have had it read to me) and understand the Parent Handbook in its entirety.

I am comfortable abiding by the enrollment information policies & procedures, financial information, curriculum guide, discipline & termination, learning approach method that is within this handbook.

I understand that this facility does not use corporal punishment as discipline, and I do NOT give permission to any of the staff to spank my child.

I give permission for my child to be transported on organized/planned field trips.

I give permission for my child to have their photo taken or video recorded for promotional services or class projects.

Any concerns or question I have had, I have asked the director of this program and I am comfortable with the answers I have received.

I have toured the facility area that is designated for the use of Launch Summer Camp and feel comfortable with its safety, sanitation, layout & materials.

Any concern that may arise after my child (ren)'s enrollment, I will respectfully bring those concerns to the directors attention and look to find a peaceful resolve.

I feel that my child(ren) & I will have a great experience here, and if things should not go as expected, I will make sure that I withdrawal peacefully after all my debts are paid in full.

I will be sure to do my best to pay on time, arrive on time & communicate with staff members as clearly & considerately as I can.

I understand that there is no "perfect" facility, and I will try to be patient with any changes that may occur. Example: new additions/amendments to the program, new staff...etc.

I understand that all learning & development accomplishments & successes are a conglomeration of parent, teacher, student & encouragers along the journey in each child's life. I choose to participate in the team of my child (ren)'s learning & development.

I give permission for my child to use the following sprays& ointments and be assisted as needed by staff. (Please check)

Sunscreen Bug repellent Antiseptic Anti-Itch Diaper Rash Hand Cream

Medical Consent & Release

I give permission for prescription and non-prescription medicine to be given to my child.

I give permission for Launch staff to administer simple first aid procedures.

I give permission for Launch staff to call 911 in an emergency situation prior to calling me.

I consent to any x-ray, examination, anesthetic, medical or surgical supervision and on the advice of any physician or surgeon license to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me, the parent/guardian are unsuccessful.

I agree to pay for said treatment and will hold Missions For The Nations, its affiliates and members harmless from liability.

By signing below, I am agreeing to each statement:

Child's Name: _____

Date: _____

Sign: _____

Name: _____

Signature of Parent/Guardian

Name of Parent/Guardian

THIS FORM MUST BE INITIALED, SIGNED COMPLETELY & RETURNED PRIOR TO YOUR CHILD'S FIRST DAY