



## Launch After School and Summer Camp Program Enrollment Application

### Child Introduction:

Allergies: \_\_\_\_\_ Long Term Medications: \_\_\_\_\_

Special Accommodations Necessary: \_\_\_\_\_

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: \_\_\_\_\_

Sleeping: \_\_\_\_\_

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? \_\_\_\_\_

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### **Persons authorized to pick up child from the 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
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1. \_\_\_\_\_

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

2. \_\_\_\_\_

- Procedure for dropping and picking up children:

You are required to sign your child in and out each day. Should a situation arise when you, or your authorized temporary care provider, cannot pick up your child, a written statement signed and dated by the parent or legal guardian must be submitted indicating to whom you are granting permission to pick up your child. Any person(s) picking up your child other than parent or legal guardian will be required to show identification. Initial       

- T-Shirt Size: *(Only available to those who register no later than 1<sup>st</sup> week of camp)*

Child: \_\_\_\_\_ Small 6-8

Child: \_\_\_\_\_ Medium 10-12

Adult: \_\_\_\_\_ Small (please select this option for child's large 14-16)

Adult: \_\_\_\_\_ Medium

Adult: \_\_\_\_\_ Large

Adult: \_\_\_\_\_ XL

Adult: \_\_\_\_\_ 2 XL

## Water Park Aquatic Ability and Release

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Swimming: Please initial the appropriate answer:

\_\_\_\_\_ Has taken Swim Lessons and knows how to swim.

\_\_\_\_\_ Is an Experienced Swimmer & is comfortable in the water.

\_\_\_\_\_ Has some experience swimming & may need some help.

\_\_\_\_\_ Has NO swimming experience, cannot swim, will need supervision in the water.

Water Park Details: Please initial the appropriate answer:

\_\_\_\_\_ Floatation Device Required to be worn in water at all times around the water (will be provided by parents if you require this option)

\_\_\_\_\_ Flotation Device is not required at all times, but will be provided by the parent to use as needed or based on the discretion of the adult supervision.

\_\_\_\_\_ Has parental permission to go down water slides, but NOT in the wave pool.

\_\_\_\_\_ Has parental permission to go down the water slides, AND in the wave pool.

\_\_\_\_\_ I understand that water shoes are a necessity due to the increased temperatures of the concrete located around the Water Park. I understand It is not advised by Launch' experience to walk barefoot around the Water Park.

## Financial Agreement

- Registration fee is:  
☐ \$50 (Launch After School Program)    ☐ \$100 (SAC Learning Center)    ☐ \$150 (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: \_\_\_\_\_



# 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**

# Camp Code of Conduct

At Launch Summer Camp, we are pleased to state that we have campers who want to enjoy their summer to the fullest and NOT break rules or cause problems for themselves or others. Just like school and home, there are consequences for breaking the rules. The Camp CEO is involved in all disciplinary actions.

The following agreement is designed to ensure the camp is a happy, safe, and productive environment for everyone. Please read this carefully. If you have any questions, please contact front office for assistance.

1. The use or possession of any form of tobacco products, alcohol, or illegal drugs is strictly prohibited at Launch Summer Camp and will be confiscated.
2. Weapons, knives, matches, fireworks, and other potentially dangerous items are strictly prohibited at Launch Summer Camp and will be confiscated.
3. Sexual harassment, verbal sexual harassment, or sexual contact of any kind is inappropriate and will not be tolerated. Offenders face possible legal action.
4. Physical aggression and/or verbal hostilities are not permitted while at Launch Summer Camp. Campers will respect all other campers, leaders, administrators and church staff.
5. Campers will be present for all activities and will remain in supervised areas at all times, with a positive attitude.
6. Leaving assigned groups while off property is strictly prohibited. Any camper separated from their group, of their own accord, will face disciplinary actions.
7. Any parent/legal guardian that wishes their camper(s) to leave camp property with someone other than themselves must provide permission in writing in advance of the pick-up date. Camp will NOT permit a camper to leave property with someone other than the parent/legal guardian without this permission on file in the camp office. Photo ID will be required before camper will be released.
8. Launch Summer Camp is not responsible for valuables brought on property. iPods, cameras, jewelry and other valuables must be properly labeled. Campers must respect the property of others, any damage to or theft of Launch property is not allowed and will be charged to the camper's family.
9. All medications, prescription or non-prescription (including aspirin) must be kept with respective leader at all times. There are a few exceptions such as asthma inhalers, Epi kits, etc. If you're not sure, ask us.
10. Each member of the camp community is expected to contribute to keeping the classrooms and camp property clean and maintained. Graffiti or any other form of vandalism is strictly prohibited and the cost of repairing such damage will be charged to the camper's family.
11. Campers are not permitted to bring cellular phones to camp and are asked to leave them home.

Launch Summer Camp operates on a three strike policy. The first infraction of the behavior agreement will result in a verbal warning between staff and camper(s) and the notification of parent(s) at the end of the camp day. A second infraction will result in a loss of field trip privilege for the day and notification of parent(s) to immediately pick up their child. A third infraction will result in a conference between camper(s), parent(s), camp director and a pastor of Missions for the Nations Ministry and the removal from the camp program.

Any camper who commits an act listed under 1, 2, 3 or 4 will result in the immediate dismissal from camp without a refund. Camp maintains a zero tolerance policy in relation to these behaviors.

Refunds will not be given for any camper who is sent home/removed from the program for disciplinary reasons.

As a parent, you will be responsible for picking up your camper with-in one hour of the decision to dismiss your child from the camp.

Parent Name: \_\_\_\_\_ Camper Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_