



AFTER SCHOOL CARE ENROLLMENT CHECKLIST

- Enrollment Application
- Transportation Authorization
- Vehicle Emergency Medical Information
- General Record & Statement of Child's Health For Admission to Child Care Facility
- Group Care Accommodations Checklist
- CACFP Paperwork

Center Specific Information

- Grow Healthy Level ____ Child Care Nutrition Policy
- Grow Healthy Level ____ Child Care Physical Activity Policy



ENROLLMENT APPLICATION

STUDENT INFORMATION

Enrollment Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Social Security Number
Preferred Name	First Name	Middle Name	Last Name
Name of person child lives with		Relationship	

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name		Date of Birth	Social Security Number
Driver's License Number	State	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Home Address		City, State Zip	
Employer		Work Address	
Home Number	Work Number	Cell Number	Email Address
Father/Guardian Name		Date of Birth	Social Security Number
Driver's License Number	State	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Home Address		City, State Zip	
Employer		Work Address	
Home Number	Work Number	Cell Number	Email Address

AUTHORIZED RELEASE & EMERGENCY CONTACT INFORMATION

Your child will only be released to the mother, father or guardians listed above in addition to the authorized persons listed below. Legal authorities will be contacted if your child is left at the school one hour after the school closing time. Please indicate if the persons listed below should also be used as an emergency contact.

Relation	Name	Home Number	Work Number	Emergency Contact	Address
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Person(s) Not Authorized to Pick Child Up*

*Appropriate documentation such as custody papers should be attached if a parent or person is not allowed to pick up the child.

Enrollment Date		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Child's Preferred Name	First Name	Middle Name	Last Name

ATTENDANCE PLANS

The weekly schedule below is intended to represent a typical week and will only be used to assist with teacher scheduling. We realize actual schedules will vary based on your needs.

Days of Attendance	Normal Times of Arrival/Departure	Meals Required
<input type="checkbox"/> Monday	Arrival Time	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack
	Departure Time	
<input type="checkbox"/> Tuesday	Arrival Time	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack
	Departure Time	
<input type="checkbox"/> Wednesday	Arrival Time	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack
	Departure Time	
<input type="checkbox"/> Thursday	Arrival Time	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack
	Departure Time	
<input type="checkbox"/> Friday	Arrival Time	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack
	Departure Time	

MEDICAL INFORMATION

Child's Pediatrician	Address	Phone Number
Child's Dentist	Address	Phone Number
Child Has Insurance Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name	Hospital Preference
My Child has:		If you answer yes, please explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	An allergy to medicine, food, plant, animal or insect toxin	
<input type="checkbox"/> Yes <input type="checkbox"/> No	A condition or fear that may require special care, procedures, services, medication or diet	
<input type="checkbox"/> My child had no known allergies or conditions.		

PREVIOUS CHILDCARE FACILITIES ATTENDED

Location Name	Dates of Enrollment
Location Name	Dates of Enrollment
Location Name	Dates of Enrollment

OTHER INFORMATION

How did you hear about us?	Parent Referral Name
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SIGNATURES

Signature of Parent/Guardian	Date
Signature of Director	Date

DIRECTOR USE ONLY

Withdrawal Date	Withdrawal Reason
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ACKNOWLEDGEMENTS

Initial	Date	Policy or Authorization Description <i>(Initials indicate agreement to the summary policy descriptions and as further detailed in the Parent Handbook as may be modified from time to time or as otherwise notified by management.)</i>
		Fever Policy If your child has a temperature of 100 degrees or more, or any symptom of a contagious disease or infection, you must make other child care arrangements. In most cases, we ask that your child remain at home at least 24 hours after leaving the school because of an illness. Re-admittance is at the discretion of the Director. In addition, I agree to notify Big Blue Marble Academy within 24 hours if any member of my immediate household is diagnosed with a communicable disease.
		Medical Authorization I agree that Big Blue Marble Academy staff may authorize the physician of their choice to provide emergency treatment in the event that neither I nor our family physician can be contacted immediately. In the event of such accident or illness, all medical expenses incurred are my responsibility. I release Big Blue Marble Academy, and all of its owners, employees, officers, directors, servants, and agents from liability incurred as a result of any act they may perform on behalf of my child
		Delivery of Students I agree that when delivering my child to the school, I or the person I have authorized to drop off my child, will personally deliver my child to his/her teacher or the staff person in charge. I further agree that when picking up my child, I or the person I have designated, will personally come into the school and receive my child from his/her teacher or the staff person in charge. At no time will I leave my child at the school without first making his/her presence known to the staff, nor will I take my child from the school without notifying my child's teacher. I further agree that I or the person I have authorized to deliver and/or pick up my child will sign my child in/out on a daily basis.
		Public/Private School Transportation I <input type="checkbox"/> do <input type="checkbox"/> do not give my permission for my child to be transported to and/or from a public/private school. I understand that it is the policy of Big Blue Marble Academy not to allow any child to enter or leave the school unless escorted by an adult. School Name: _____ Grade: _____
		Field Trips and Special Activities I <input type="checkbox"/> do <input type="checkbox"/> do not give my permission for my child to participate in field trips and special activities away from the school. I understand that I will be notified in advance of any instances in which my child will be taken from the school, including the date, destination, and method of transportation of such trip. In addition, I understand that I will be required to provide written authorization for each field trip/activity away from the school.
		Activities Planned Outside the Fenced Area of the Facility I <input type="checkbox"/> do <input type="checkbox"/> do not give my permission for my child to participate in activities planned outside the school's fenced area.
		Swimming/Water Related Activities I <input type="checkbox"/> do <input type="checkbox"/> do not give my permission for my child to participate in swimming/water related activities.
		Media Authorization I <input type="checkbox"/> do <input type="checkbox"/> do not give my permission for me, my spouse, and/or my child to be photographed or videotaped by Big Blue Marble Academy.
		Discipline Policy I have received a copy of Big Blue Marble Academy's discipline policy. The policy has been discussed with me and all my questions have been answered. I understand that Big Blue Marble Academy does not allow corporal punishment and I will be consulted for advice and/or suggestions of other possible disciplinary actions for my child if necessary.
		Child Abuse/Neglect As a child care provider, Big Blue Marble Academy is mandated by state law to report any cases where there is reasonable cause to believe that a child has been neglected, exploited, deprived, sexually assaulted, sexually exploited, physically injured or suffered death by other than an accidental means by a parent, guardian or caretaker, to the proper authorities. Big Blue Marble Academy will cooperate fully with the authorities in the investigation of all such cases. In accordance with state laws, children may be interviewed by investigating agencies without parental or center permission. To avoid any misunderstandings, parents are encouraged to keep the school director aware of any unusual bruises, marks or injuries occurring at home.
		Confidentiality Statement Information pertaining to your child is considered confidential and will not be released by Big Blue Marble Academy to third parties without first obtaining your written permission. However, it may be necessary to share relevant information relating to your child's family situation, medical status and behavioral characteristics with authorized members of the state child care licensing agency or with persons authorized by the state licensing regulations or law to receive such information. Big Blue Marble Academy is required to comply with subpoenas for information and documentation, without parental consent.
		Provisional Teachers Occasionally to meet proper ratios and to ensure child safety, with approval from the state Licensing department, we may hire a provisional teacher. Until all paperwork has been approved the provisional employee will remain in direct supervision of a regular teacher.
		Change of Status I agree to notify Big Blue Marble Academy immediately of any changes that occur in the information provided in this enrollment application including work and home address, phone numbers, physician's name, living arrangements, health information, emergency contacts, etc.

SIGNATURES

Signature of Parent/Guardian	Date
Signature of Director	Date



TRANSPORTATION AUTHORIZATION

Child's Name		Date of Birth
Pickup Location		Delivery Location
Location	Location	
Time	Time	
Approximate Miles from pick up location to Big Blue Marble Academy Facility		
Authorized Days of the Week for Transportation		
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Authorized Person to Receive My Child		
Name	Phone Number	
In the event the authorized person is not present to receive my child, the following procedures are to be followed:		
Agreement		
In the event that my child is not to be transported as outlined above, I agree to notify Big Blue Marble Academy.		
Parent/Guardian Signature	Date	



VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name		Date of Birth	
Father's Information		Mother's Information	
Father's Name		Mother's Name	
Home Number	Work Number	Home Number	Work Number
Emergency contact in the event parents cannot be reached			
Name		Phone Number	
Child's Doctor		Phone Number	
Medical Facility the Center Uses		Address	
Child's Allergies		Current Prescribed Medicine	
Child's Special Needs and conditions			
In the event of an emergency involving my child, and if Big Blue Marble Academy cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.			
Parent/Guardian Signature		Date	
Witness Signature		Date	

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: _____ County: _____

Address: _____
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



GROUP CARE ACCOMMODATIONS CHECKLIST

Child's Name		Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight	Height

Note: This Group Care Accommodations Checklist is used as part of our enrollment process to gather information to assist in meeting the needs of the children we serve. Please complete this form and return it with supporting enrollment documentation. Some information provided may be required supporting documentation to make sure your child's needs can be met. This process may take up to 5 days once all the needed information has been collected in order to make an informed enrollment decision.

Information to be completed by the parent

Does your child have a history of the following:

- | | |
|---|--|
| <input type="checkbox"/> Asthma or other respiratory issues | <input type="checkbox"/> Other medical issues, list: _____ |
| <input type="checkbox"/> Allergies, please list _____ | <input type="checkbox"/> Speech therapy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Seizures, list type: _____ | <input type="checkbox"/> Physical therapy |

Does your child have an Individual Education Plan (IEP)? Yes No (If so, attach)

Does your child have an Individual Family Service Plan (IFSP)? Yes No (If so, attach)

Does your child utilize any type of specialized equipment? Yes No

Does your child have any special dietary needs? Yes No (If yes, explain)

Does your child have any developmental issues that have been identified by a physician or supporting agency? Yes No (If yes, explain)

Does your child take any types of medication on a regular basis? Yes No (If yes, list)

Will this medication be administered at the center? Yes No

Does the staff require any type of special training to administer the medication? Yes No

Does the child require any specific accommodations in group care?

- Sleeping: _____
- Toileting: _____
- Feeding: _____
- Medical Procedures: _____
- Special Equipment: _____

Will staff need special training to provide care for this child? Yes No If yes, please explain:

Parent/Guardian Information

Name	Home Number	Alternate Number
Parent/Guardian Signature	Date	

INFORMATION RELATED TO THIS MATTER WILL BE MAINTAINED IN STRICT CONFIDENCE, SHARED WITH PERSONNEL OF THE BIG BLUE MARBLE ACADEMY ONLY AS REQUIRED TO ASSURE THAT THE CHILD'S HEALTH CARES ARE MET.



GROW HEALTHY LEVEL C CHILD CARE PHYSICAL ACTIVITY POLICY

Policy Statement

Passport to Adventure Club recognizes the importance of physical activity for young children. Implementation of appropriate physical activity practices supports the health and development of children in care, as well as assisting in establishing positive lifestyle habits for the future.

Physical Activity in Child Care

The purpose of this policy is to ensure that children in care are supported and encouraged to engage in active play, develop fundamental movement skills and to have limited screen time. Our center encourages all children to participate in a variety of daily physical activity opportunities that are appropriate for their age, that are fun and that offer variety. In order to promote physical activity and provide all children with numerous opportunities for physical activity throughout the day **Passport to Adventure Club** will:

Role of Staff in Physical Activity

- Will encourage children to be physically active indoors and outdoors at appropriate times.

Screen Time Limitations

- Not permit screen time (e.g., television, movies, video games and computers) for infants and children two years and younger.

Physical Activity and Punishment

Staff members do not withhold opportunities for physical activity (e.g., not being permitted to play with the Test of the class or being kept from play time), except when a child's behavior is dangerous to himself or others. Staff members never use physical activity or exercise as punishment, e.g., doing push-ups or running laps. Play time or other opportunities for physical activity are never withheld to enforce the completion of learning activities or academic work. Our center uses appropriate alternate strategies as consequences for negative or undesirable behaviors.

Appropriate Dress for Physical Activity

We at **Passport to Adventure Club** have a Ready to Play Policy! Please bring your child ready to play and have fun each day. Your child will participate in both indoor play and outdoor play. Therefore, play clothes and shoes which can get dirty and allow for free and safe movement are most appropriate. We expect parents to provide children with appropriate clothing for safe and active outdoor play during all seasons.

For safety, children cannot wear open-toe shoes, sandals or flip-flops. In winter, provide a warm jacket, snowsuit, hat, mittens and boots. In spring and fall, provide a jacket or sweater, and boots and rain jacket on rainy days. In summer, provide light clothing, swimsuit, towel, hat and sunscreen. Please label all outer garments with your child's name!

It is our expectation that children will go outside EVERYDAY! *We will monitor the weather temperatures and heat index to ensure that appropriate time frames are adhered to and we then proceed to have indoor large muscle time if need be.* If you feel your child is too sick to go outside then he/she is too sick to be at the child care center. We request that you keep him/her at home until they are well enough to go outside.

Professional Development

Annual training on promotion of children's movement and physical activity is required for all staff.

My signature below indicates that I have received a copy of the physical activity policy, it has been reviewed with me, and I have read and understand this policy.

Printed Name

Signature

Date

Please circle as appropriate: STAFF PARENT

If parent, name of child



GROW HEALTHY LEVEL C CHILD CARE NUTRITION POLICY

Policy Statement

Good nutrition is vital to children’s overall development and well-being. In an effort to provide the best possible nutrition environment for the children in our facility, **Passport to Adventure Club** has developed the following child care nutrition policies to encourage the development of good eating habits that will last a lifetime.

Child Care Nutrition

Passport to Adventure Club follows the child care nutrition guidelines recommended by the USDA CACFP (Child and Adult Care Food Program) for all the foods we serve. To provide a healthy and balanced diet that includes fruits, vegetables, and whole grains and limits foods and beverages that are high in sugar, and/or fat, our nutrition policy includes the following:

- ✓ One meal and one snack shall be planned to meet the child’s nutritional requirements according to the USDA Child Care Food Program Guidelines in proportion to the amount of time the child is in the center each day, with no more than 4 hours between food services.
- ✓ Sugar sweetened beverages shall not be served.
- ✓ Only skim or 1% milk is served to children age 2 and above.

Weekly Menus

Our weekly menus are carefully planned to follow child care nutrition guidelines at every meal. Each menu is designed to provide a wide variety of nutritious foods that are different in color, shape, size and texture. All of our child care menus include foods that are culturally diverse and seasonally appropriate. We also like to introduce new and different foods and include children’s favorite recipes in our menu planning. Menus are rotated on a 5 week basis to provide the children with a balance of variety and familiarity. Menus are adapted to incorporate local and fresh in-season produce when available.

Nutrition and Punishment

Staff will never use food as a reward or as a punishment.

Celebrations

From birthday parties to holidays there are many opportunities for celebrations in our child care center. Please be sure to discuss the food items that you would like to bring prior to the party with the center director. For holiday celebrations, a sign-up sheet with specific foods and beverages will be placed on the classroom door.

Professional Development

Annual nutrition training is required to ensure that all staff understands the important role nutrition plays in the overall well-being of children.

My signature below indicates that I have received a copy of the nutrition policy, it has been reviewed with me, and I have read and understand this policy.

Printed Name

Signature

Date

Please circle as appropriate: STAFF PARENT

If parent, name of child