

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



POLICIES AND REGULATIONS

Welcome to **Our Children Learning Center**, when your child or children are away from home, Come join us *“Where a Home makes a World of Difference.”* These policies have been developed for the purpose of maintaining a safe, healthy, and happy environment for your child. Please read these carefully and return them signed. You will receive a copy for your records.

***Client records are safe guarded in a locked file cabinet in a secure area, to maintain confidentiality** of names, address and other information, to include the identity of the child and family members. Only Authorized Person's will have access to records, to include DSS, Parents, and Caregivers.

- **IMMUNIZATION:** A current shot record must accompany your child's registration form. This is in accordance with latest information from DHEC. Please provide a replacement copy every time the child's shots are updated. Failure to provide current shot record in 30 days may result in disenrollment.
- **ATTENDANCE TRACKING:** A Parent or authorized person must sign child in each day; Drop-off and pick-up times must be documented. Appointment pick-up and return times must also be documented.
- **RELEASE OF CHILD:** Your child will only be released to you, or an authorized person that you have informed us about in writing. Their Driver's license or other identification will be required as verification in order for your child/children to be released. So, please assure the responsible person have these documents.
- **THE PARENT WHOM HAS CONTRACTED WITH THE CENTER WILL TAKE PRECEDENT AS THE LEGAL GUARDIAN IN DECISION MAKING FOR THE CHILD WHILE AT THE CENTER.**
PLEASE NOTE: if a parent, not living with you, is on the authorized pick-up list, they are then authorized to pick the child up from the center. Update pickup records accordingly, because the center will not be held liable for the child's release.
- **PARENTAL FREE AND FULL ACCESS TO CHILDREN:** Parent(s) are permitted access to their Child/ren in our care without prior notice, Unless there is a Court Order limiting Parental access.
- **INCLEMENT WEATHER CLOSURES:** Generally, if the Local Schools are closed because of inclement conditions, we will be closed also; or closing if Local Authorities call closure after Childcare have begun.

OUR CHILDREN LEARNING CENTER

15 Stanley Road | Beaufort, South Carolina 29906
Phone: (843) 846-9676 | Email: ourchildrenlearningcenter@gmail.com
www.ourchildrenlearningcenter.com



Where A Home Makes a World of Difference

- **ADMINISTRATION OF MEDICATION:** The Center do not administer medications. If medication is required for your child during the time he or she is at the center, a parent or guardian are welcome to the Center to administer medication to their child.
- **MILDLY ILL CHILDREN:** Parents are required to pick up child if symptoms are:
 1. child's temperature reaches 100 degrees or above
 2. vomits two or more-times
 3. frequent diarrhea
 4. excessive green/yellow mucus in nose/sneezing
 5. untreated ringworm
 6. or, any infectious illness/condition which poses harm to the child or others.
 7. Child must be "fever" free for 24 hours without taking a fever reducer, and have a Doctor's excuse before returning to childcare center.
- **AS A FORM OF DISCIPLINE, WE USE "TIME-OUT".** We prefer using verbal and example guidance techniques to redirect cognitive and behavioral choices. We believe children should be encouraged to want to do the right/appropriate things, which becomes a life-long lesson.

We do not:

 - Administer corporal punishment.
 - Withhold food or snacks.

** Parents are notified promptly if their assistance is needed.*
- **WE OFFER A CURRICULUM FOR CHILDREN AGES 2-5.** Our curriculum is designed to allow for individual differences and does not put pressure on a child to learn. We offer encouragement and guidance, as well as demonstrate examples for learning. Play, creative activities, and music are a big part of our program.
- **EMERGENCY PLANS AND EVACUATION PLANS** are Posted in the Attendance log, on the wall by the door in the center, and included in enrollment packet. Please read and observe the procedures.
- **TRANSPORTATION IS NOT PROVIDED AT THIS TIME.**

I have read the Policies and Regulations of **Our Children Learning Center** and agree to the terms aforementioned.

Parent Signature: _____ Date: _____

Daycare Director: _____ Date: _____

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MEDICAL RELEASE FORM

MEDICAL AUTHORIZATION: It is unfortunate that accidents may occur, and because we want to be prepared to give your child the best and most immediate medical care possible, please read and supply the requested information.

Name of Child's Doctor: _____

Phone Number: _____

Hospital: **BEAUFORT MEMORIAL HOSPITAL** _____

Insurance Number: _____

Medicaid Number: _____

PLEASE READ

The Staff at **Our Children Learning Center** are certified in First Aid and CPR, and I am requesting now, your permission to give immediate first aid or CPR treatment to your child/children, if ever deemed necessary. You, the parent(s), and the Emergency Medical Persons will be called to the center, or, hospital per our Emergency Notification Procedure.

CONSENT TO EMERGENCY FIRST AID AND TRANSPORTATION

*I hereby give permission that my child, _____ may be given emergency treatment by Paramedics. I also, give permission for my child to be transported by ambulance to an emergency center for treatment. I agree to pay all cost and fees contingent on any emergency medical care and or treatment for my child as secured and authorized under this consent that is not covered by the provider's insurance.

Parent Signature: _____ **Date:** _____

ALTERNATE PERSON TO GIVE CONSENT FOR MEDICAL CARE AND TREATMENT:

In the event, that you cannot be contacted at a critical time for your child's **medical care, as prescribed by a treating physician, The persons listed below have your permission to give consent for treatment.*

Contingent upon **Exhausted attempts to contact Parents, or, designated contact persons above.*

List Persons whom you authorize to make Medical Decisions for you, the Parent(s)

Parent Signature: _____ Date: _____

Daycare Director: _____ Date: _____

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DAYCARE PICK-UP RELEASE FORM

RELEASE OF CHILD: Your child will only be released to you, or an authorized person that you have informed us about **in writing**. **Driver's license** or other identification will be required as verification. So, please update the list below as needed.

The Parent who has contracted with the center, will take precedent as the legal guardian, in decision making for the child while at the center.

PLEASE NOTE

If a parent, not living with you, is on the authorized pick-up list, they are then, authorized to pick the child up from the center. Update for records accordingly because the center will not be held liable for the child's release.

EMERGENCY/PICKUP PERSONS

List people in order of whom to contact first. Please initial and date updates.

#	NAME	PHONE/CELL	EMAIL	INT.	DATE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**YOU MAY REMOVE PERSONS BY DRAWING A LINE THROUGH,
AND INITIALING THE CORRECTION AND DATE
PLEASE REQUEST THIS FORM FROM THE DIRECTOR AS NEEDED.**

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FINANCIAL AGREEMENT FORM

CHILD CARE FEES	WEEKLY FEE	REGISTRATION FEE
Ages 1- 2	\$150.00	\$100.00
Ages 3 - 5	\$150.00	\$100.00
Ages 6-12	\$125.00	\$100.00

- **Fees are due each Monday by the end of the day.**
 - Child care services are Monday thru Friday; from 7:00 a.m. to 5:00 p.m..
 - A Late pick-up charge of \$1.00 per minute, past 5:00 p:m, will be enforced.
 - Partial Payments are not accepted and will result in termination of care.
 - Non- payment of Childcare fee will result in immediate termination.

- **Enrollment of your child constitutes a "Full time space",** regardless of whether the child attends 1 day or 5 days a week. Full fee is required weekly, on a regular basis. We do not provide part time care on a regular basis; exceptions are made for enrollee's school age siblings during school breaks.

- **For any other absences, the full fee is due and payable whether the child attends care or not.** (Example vacation/absences, minor illnesses, parent days off, transportation problems, inclement weather, etc).

- **Parents must give two (2) weeks notice if this agreement is to be terminated.** Full payment must be rendered upon termination, including the two (2) weeks notice, even if the child is not in attendance.

I am the Parent or Legal Guardian of: _____

I have read and agree to the above terms and hold this Agreement legally binding.

Parent Signature _____ Date: _____

Daycare Director: _____ Date: _____

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OUR CHILDREN LEARNING CENTER & 2022-23 BEAUFORT COUNTY SCHOOL CALENDAR

Where A Home Makes a World of Difference

September 2022						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2022						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2022						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2022						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2023						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2023						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March 2023						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April 2023						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May 2023						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2023						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July 2023						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August 2023						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SCHOOL CLOSINGS AND FEDERAL HOLIDAYS

Sep 5, 2022	Labor Day	Dec 20 - Jan 4, 2022	Winter Break	May 29, 2023	Memorial Day
Oct 10, 2022	Columbus Day	Dec 25, 2022	Christmas Day	Jun 19, 2023	Juneteenth
Oct 17, 2022	School Closed	Jan 16, 2023	Martin L. King Day	Jul 4, 2023	Independence Day
Nov 11, 2022	Veterans Day	Feb 20, 2023	Presidents' Day		
Nov 23 - 25, 2022	Thanksgiving Break	Mar 17, 2022	School Closed		

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FEED YOUR
FUTURE
SOUTH CAROLINA



WIC has the answers to all of these questions:

- What kind of food should your children be eating?
- Where can your children get immunizations (shots)?
- How can you learn more about breastfeeding?

WIC helps:

- **Women:** Pregnant, recently pregnant, breastfeeding, or who have a new baby
- **Infants:** Newborn to age 1
- **Children:** Ages 1 to 5

WIC INCOME ELIGIBILITY GUIDELINES

Effective July 1, 2018 to June 30, 2019

FAMILY SIZE	INCOME (185% POVERTY)		
	YEARLY	MONTHLY	WEEKLY
1	\$22,459	\$1,872	\$432
2	\$30,451	\$2,538	\$586
3	\$38,443	\$3,204	\$740
4	\$46,435	\$3,870	\$893
5	\$54,427	\$4,536	\$1,047
6	\$62,419	\$5,202	\$1,201
7	\$70,411	\$5,868	\$1,355
8	\$78,403	\$6,534	\$1,508
For each additional family member add:	\$7,992	\$666	\$154

Even if you are working, you might be eligible for healthy foods and personalized nutrition information.

To apply for WIC or make an appointment, call 1-855-4-SCDHEC (1-855-472-3432).

Visit www.scdhec.gov/wic.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture; Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



WIC tiene las respuestas a todas estas preguntas:

- ¿Qué tipo de alimentos deberían comer sus hijos?
- ¿Dónde pueden obtener inmunizaciones (vacunas) sus hijos?
- ¿Cómo puede aprender más acerca de la lactancia materna?

WIC ayuda a:

- **Mujeres:** embarazadas, en primeros meses de gestación, lactantes o con bebés recién nacidos
- **Bebés:** desde su nacimiento hasta la edad de 1 año
- **Niños:** de 1 a 5 años de edad

PAUTAS DE ELEGIBILIDAD POR INGRESOS PARA WIC

Vigentes desde julio 1 de 2018 hasta junio 30 de 2019

NÚMERO DE PERSONAS EN LA FAMILIA	INGRESOS (185% DEL NIVEL DE POBREZA)		
	ANUAL	MENSUAL	SEMANTAL
1	\$22,459	\$1,872	\$432
2	\$30,451	\$2,538	\$586
3	\$38,443	\$3,204	\$740
4	\$46,435	\$3,870	\$893
5	\$54,427	\$4,536	\$1,047
6	\$62,419	\$5,202	\$1,201
7	\$70,411	\$5,868	\$1,355
8	\$78,403	\$6,534	\$1,508
Para cada miembro adicional de la familia, agregue:	\$7,992	\$666	\$154

Aunque esté trabajando, usted puede ser elegible para recibir alimentación saludable e información personalizada sobre nutrición.

Para aplicar a WIC o solicitar una cita, llame al 1-855-4-SCDHEC (1-855-472-3432).

Visite www.scdhec.gov/wic.

Los demás programas de asistencia nutricional del FNS, las agencias estatales y locales, y sus beneficiarios secundarios, deben publicar el siguiente Aviso de No Discriminación: De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: (1) correo: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; (3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.