



EXTENDED CARE INFORMATION 2017-18

The Extended Care program (after school daycare) is only available for SCA students during the school year. Extended Care hours begin at 7:00 a.m. for before-school needs and end at 6:00 p.m. for after-school needs. The EC offers a variety of options to meet parental needs. Applications for Extended Care should be submitted with school registration forms in order to reserve a space in the program. EC will be available during some school observed holidays by prior reservation. SCA students along with non-SCA students may attend our Summer Camp program. Summer Camp information will be available in April. *In order to maintain DSS compliance, SCA is only authorized to accept fully potty trained students, as our caregivers may not enter the restroom with a child. These requirements include pulling clothing up/down, zipping/unzipping clothing, wiping private areas, and changing of clothes. While accidents may infrequently occur with preschool children, this should be the exception, not the norm. This policy reflects DSS guidelines and is not necessarily the opinion of school personnel. Separation may become necessary if training issues arise.*

- **An Application for Extended Care** must be completed for **EACH STUDENT** enrolling in after school care and includes the following forms. Additional forms are available upon request.
 - Application for Extended Care (1 per student)
 - DSS Form 2900 (1 per student)
- If needs for Extended Care change before the next school year begins, parents should notify the *Extended Care Coordinator* as soon as possible. Only one billing code change per school year is allowed.

EXTENDED CARE RATES

An annual, non-refundable registration fee of \$30 will be billed in August. All other charges are billed according to schedule.

Age Group	Monthly Cost	Daily Cost	Description
All Ages-Before School Care Only	\$35/month each service	\$5/day	3K-4K between 7:00-8:20 a.m. 5K-HS between 7:00-7:30 a.m.
After School SIBLING Care Only	\$35/month each service	\$5/day	Between 2:30-3:15 p.m. (not available for 3K/4K)
3K and 4K	\$200/month*	\$20/day	Student picked up by 3:15 p.m. daily
	\$250/month*	\$20/day	Any combination of before and/or after-school care
5K – 6 th Grade	\$175/month*	\$15/day	Any combination of before and/or after-school care
Non-school days (by reservation only)		\$30/reserved day	
7 th – 12 th Grade After-School Study Hall		\$10/day	Any student on campus after 3:30 p.m. (3:15 p.m. for 6 th grade) must report to study hall. Athletes stay free of charge during their season on game/practice days only.
Summer Camp Students 3K-6 th Grade	\$30 Registration Fee		Non-refundable
	\$130/week: Lunch from Home \$150/week: Lunch Provided		Fee includes morning/afternoon snack, and any scheduled activities.
	No show fee \$50/reserved week		
Late Pick-up Fee	\$10/10-minute increment		After 6:00 p.m.
*Includes Before-School care, no extra charge of \$35.			



EXTENDED CARE APPLICATION 2017-18

Child's Name: _____ Grade (2017-18): _____

Street Address: _____

City _____ State _____ Zip Code _____ Sex: ___M___F Date of Birth: ___/___/___

Please check the Extended Care Option below:

<u>EXTENDED CARE OPTION</u>	MONTHLY	DAILY
<input type="checkbox"/> Before School Care Only	\$35	\$ 5
<input type="checkbox"/> After School SIBLING Care Only	\$35	\$ 5
<input type="checkbox"/> 3K/4K (pick-up by 3:15)	\$200	\$20
<input type="checkbox"/> 3K/4K (pick-up after 3:15)	\$250	\$20
<input type="checkbox"/> 5K-6 th Grade	\$175	\$15
<input type="checkbox"/> 7 th -12 th Grade After-School Study Hall		\$10

<p>PLEASE CHECK PAYMENT PLAN FOR EXTENDED CARE:</p> <p><input type="checkbox"/> <i>Bill Monthly Fee</i></p> <p><input type="checkbox"/> <i>Bill Daily Fee (as used)</i></p>
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Home Phone Number: _____

Father's Name: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Mother's Name: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

CHILDREN WILL ONLY BE RELEASED TO PARENTS OR TO A PERSON DESIGNATED BY THE PARENTS.

Besides parents listed above, please list individuals that may pick up child (name and relationship to child):

- (1) _____ Relationship: _____ Phone #: _____
- (2) _____ Relationship: _____ Phone #: _____
- (3) _____ Relationship: _____ Phone #: _____

Any additional information that might be useful in dealing with your child: _____

MEDICAL PERMISSION

List medication(s) taken regularly: _____

Are there any known allergies? _____ If yes, please describe _____

Please list any other medical problems your child has _____

The following non-prescription medications are available in the office. Please indicate which medications your child can

be given: Tylenol _____ Ibuprofen _____ Benadryl _____ Tums _____
Pepto-Bismol _____ Eye Drops _____ Neosporin _____ Vaseline _____

Parent must be contacted BEFORE administering approved non-prescription medications listed above:

- YES NO

Parent's Signature _____

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