



## EXTENDED CARE INFORMATION 2018-19

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.

<b>EXTENDED CARE RATES</b>			
<i>An annual, non-refundable registration fee of \$50 will be billed in August.</i>			
<i>All other charges are billed according to schedule.</i>			
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	One time registration fee of \$50		Between 2:30-3:15 p.m. (not available for 3K/4K)
3K and 4K (5 day students)	\$215/month*	\$20/day	Student picked up by 3:15 p.m. daily
	\$265/month*	\$20/day	Any combination of before and/or after-school care
3K and 4K (3 day students)	\$150/month*	\$20/day	Any combination of before and/or after-school care
5K – 6 <sup>th</sup> Grade	\$200/month*	\$15/day	Any combination of before and/or after-school care
Non-school days (by reservation only)		\$30/reserved day	
7 <sup>th</sup> – 12 <sup>th</sup> Grade After-School Study Hall		\$15/day	Any student on campus after 3:30 p.m. (3:15 p.m. for 6 <sup>th</sup> grade) must report to study hall. Athletes stay free of charge during their season on game/practice days only.
Summer Camp Students 3K-6 <sup>th</sup> Grade	\$50 Registration Fee		Non-refundable
	\$140/week: Lunch from Home		Fee includes morning/afternoon snack, and any scheduled activities.
	\$165/week: Lunch Provided		
	No show fee \$50/reserved week		
Late Pick-up Fee	\$10/10-minute increment		After 6:00 p.m.
<b>*Includes Before-School care, no extra charge of \$35.</b>			



# EXTENDED CARE APPLICATION 2018-19

Child's Name: \_\_\_\_\_ Grade (2018-19): \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Sex: \_\_\_M\_\_\_F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Please check the Extended Care Option below:

<u>EXTENDED CARE OPTION</u>	<u>MONTHLY</u>	<u>DAILY</u>
<input type="checkbox"/> Before School Care Only	\$35	\$5
<input type="checkbox"/> 3K/4K (3 day)	\$150	\$20
<input type="checkbox"/> 3K/4K (5 day- pick-up by 3:15)	\$215	\$20
<input type="checkbox"/> 3K/4K (5 day- pick-up after 3:15)	\$265	\$20
<input type="checkbox"/> 5K-6 <sup>th</sup> Grade	\$200	\$15
<input type="checkbox"/> 7 <sup>th</sup> -12 <sup>th</sup> Grade After-School Study Hall		\$15
<input type="checkbox"/> After School <u>SIBLING</u> Care Only - One time registration fee of \$50		

**PLEASE CHECK PAYMENT PLAN FOR EXTENDED CARE:**

- Bill Monthly Fee
- Bill Daily Fee (as used)

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