

WARRIOR SUMMER CARE INFORMATION 2024

SCA students along with non-SCA students may attend our Summer Care program. Summer Care information will be available in the spring of each year.

An Application for Summer Care must be completed for EACH STUDENT. **No student is allowed to stay in Summer Care unless paperwork is complete before their start date.** The deadline for all applications is **June 30, 2024.** The application includes the following forms.

- Application for Summer Camp (1 per student)
- SCA Potty Training and Aggression Policy (1 per student)
- Medical Permission Form (1 per student)
- DSS Form 2900 (1 per student)

Age Group	Weekly Cost	Description
Summer Care Students rising 4K-6 th Grade	\$50 Registration Fee (due with application)	Non-refundable
	\$165/week: lunch from home \$185/week: lunch provided	Fee includes morning/afternoon snack
	No show fee \$50/reserved week	
Late Pick-Up Fee	\$15/10-minute increment	After 6:00 p.m.

IMPORTANT SUMMER CARE INFORMATION

- Summer Care will begin on June 3, 2024 and end on August 2, 2024 for current SCA and non-SCA students.
- Current SCA students may attend May 24 and May 28-31, 2024. They will be charged regular Warrior Overtime daily/monthly fees.
- No Summer Care applications will be accepted after June 30, 2024.
- Summer Care weekly payments must be dropped off at the SCA front office each Monday morning.
- Summer Care will be closed Thursday, July 4th, 2024.
- Current SCA students who are registered for summer care may attend August 5-9, 2024 and will be charged regular Summer Care weekly fees.
- Warrior Overtime will be closed Monday, August 12, 2024 for Back-to-School Day.
- Current SCA students in rising 5K-6th grades who are registered for Warrior Overtime may begin Tuesday, August 13, 2024.
- Rising 4K SCA students who have been attending Summer Care may stay August 13-16 and August 19-20. (regular daily/monthly Warrior Overtime charges will occur)
- Current SCA students in rising 3K and 4K who are registered for Warrior Overtime may begin Wednesday, August 21, 2024.



2024 WARRIOR SUMMER CARE REGISTRATION

\$50.00 Non-Refundable Registration Fee Due with Application

- A weekly reservation must be made by the Wednesday prior to the week your child will attend. Please use the Sign-up Genius link under the Parent Resource tab on the SCA website.
- If a weekly reservation has been made and the child does not attend, a \$50 no-show fee must be paid the following Monday your child attends. Students cannot attend summer care until fee has been paid.
- Weekly fees: \$165 without lunch (\$185 with lunch) Weekly Menu available on school website www.scawarriors.org
- Summer care is available 7am-6pm each day. Students picked up after 6pm will incur a late charge of \$15 for every 10 minutes they are picked up late. This fee is due upon pick up of the student.

STUDENT'S NAME: _____ Grade (in the Fall): _____

Address: _____

City: _____ State : _____ Zip Code: _____

Gender: Male Female Date of Birth: ____/____/____

Home Phone Number: _____ Parent Email: _____

Custodial Father's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Custodial Mother's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Child Custody decree (if applicable) or any legal papers pertaining to parental restrictions must be on file in front office.

CHILDREN WILL ONLY BE RELEASED TO PARENTS OR TO A PERSON DESIGNATED BY THE PARENTS ON THIS APPLICATION. EXTENDED CARE MUST BE NOTIFIED IN WRITING OF ANY CHANGES TO THE PICK UP LIST.

Emergency contact if parents cannot be reached. Please list in the order they are to be called:

Name: _____ Phone: _____ Relationship: _____ Permission to Pick-Up: Yes No

Name: _____ Phone: _____ Relationship: _____ Permission to Pick-Up: Yes No

Please list other individuals that may pick up child (Name and relationship to child):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

PERSON RESPONSIBLE FOR BILLING ACCOUNT

Name: _____ Relationship to child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ (Bills are sent out via email.)

SCA Potty Training and Aggression Policy

- 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.

- Spartanburg Christian Academy strives to provide a safe, loving, and healthy environment for all children. Parents are expected to partner with the school in this effort. During this period young children may either reduce or crystallize their aggressive behavior. When parents and teachers work together and are knowledgeable of specific strategies to implement with children, they are able to deal appropriately with children's aggressive and inappropriate social and emotional behaviors. **It is important to note that the preschool aggression policy carries throughout each student's entire stay at SCA, between their time in preschool, Warrior Overtime, and Summer Care.**

Aggressive behavior includes actions such as impulsive slapping, hitting, pinching, biting, kicking, or hurting another person; pushing, shoving, exhibiting meltdowns and fits of rage; throwing objects; or using verbally aggressive language. All of which may or may not be provoked. If there are any further questions or concerns about the discipline policy, please refer to the student handbook.

A safe school environment is imperative for all children. When parents and teachers work together and early intervention takes place, children who exhibit aggressive behaviors can learn to develop healthy spiritual, emotional, and social behavior.

In an effort to provide a healthy environment for all SCA students, I acknowledge I have read and understand the potty training and aggression policies. I commit to doing my part to ensure a safe and healthy summer care experience.

Parent Signature: _____

MEDICAL PERMISSION FORM

STUDENT NAME: _____ Grade (in the Fall): _____

List medication(s) taken regularly: _____

Are there any known allergies? Yes No Describe: _____

Please list any other medical problems your child has: _____

In the event of an emergency, SCA will obtain emergency medical treatment for your child. If necessary and 911 is contacted, your child will be transported to Spartanburg Regional Medical Center.

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 _____ Sunscreen

Parent must be contacted BEFORE administering approved non-prescription medications listed above: Yes No

I give permission for my child to be transported by bus to and from Summer Care for field trips: 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