



WARRIOR OVERTIME INFORMATION 2026-27

The Warrior Overtime program (early arrival and after school care) is only available for SCA students during the school year. Warrior Overtime hours begin at 7:00 a.m. for 5K-12th grade before-school needs (7:30 a.m. for 3K/4K) and end at 6:00 p.m. for after-school needs. The WO program offers a variety of options to meet parental needs. **Applications for Warrior Overtime should be submitted with school registration in order to reserve a space in the program.** WO 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 Spring. *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 or Re-enrollment form for Warrior Overtime** must be completed for **EACH STUDENT** enrolling in before or after school care and includes the following forms. Additional forms are available upon request.
 - Application or Re-enrollment Form for Warrior Overtime (1 per student)
 - DSS Form 2900 (1 per student with new 3K-5K application)
- **No student is allowed to stay in Warrior Overtime unless paperwork is complete. The deadline to register for returning students is May 20. A late fee of \$50 will be billed for any applications turned in after May 20.**
- **New students must turn in paperwork when applying.**
- If needs for Warrior Overtime change before August 1, parents should notify the *Warrior Overtime Coordinator*. A \$150 penalty fee will be incurred for any changes made after August 1.

WARRIOR OVERTIME RATES

An annual, non-refundable registration fee of \$75 will be billed to your account upon re-enrollment or acceptance of new students. All other charges are billed according to schedule.

Age Group	Monthly Cost	Daily Cost	Description
All Ages-Before School Care Only	\$500 (\$50/mo) billed Aug-May	N/A	5K-HS between 7:00-7:30 a.m. 3K-4K between 7:30-8:20 a.m.
After School SIBLING Room Only	One time registration fee of \$100 per family	N/A	Between 2:30-3:15 p.m. (not available for 3K/4K)
3K – 5 th Grade After School Care Only	\$2500 (\$250/mo) billed Aug-May	\$25/day	5K-5 th grade between 2:30 p.m.- 6 p.m. 3K-4K between 11:45 a.m. – 6 p.m.
3K-5 th grade Non-school days (by reservation only)		\$45/reserved day	Non-school days hours are 7 a.m. – 6 p.m.
Late Pick-up Fee	\$15 per 10-minute increment		After 6:00 p.m.
Summer Camp information and applications will be available Spring of 2026			



WARRIOR OVERTIME APPLICATION 2026-27

Child's Name: _____ Grade for 2026-27: _____

Street Address: _____

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

Please check the Warrior Overtime Option below:

<u>WARRIOR OVERTIME OPTION</u>	MONTHLY	DAILY
<input type="checkbox"/> Before School Care ONLY	\$50	
<input type="checkbox"/> 3K-5 th Grade Monthly	\$250	
<input type="checkbox"/> After School SIBLING Care Only - One-time fee of \$100	N/A	
<input type="checkbox"/> 3K-5 th As Needed (daily - after care only)		\$25
<input type="checkbox"/> Non-School Day Reservations (as needed)		\$45

Emergency Phone Number: _____

Custodial Father's Name: _____

Cell Phone: _____ Email: _____

Custodial Mother's Name: _____

Cell Phone: _____ Email: _____

Who does the student live with? _____

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

CHILDREN WILL ONLY BE RELEASED TO CUSTODIAL PARENTS OR TO A PERSON DESIGNATED BY THE PARENTS ON THE WARRIOR OVERTIME APPLICATION.

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 #: _____

Warrior Overtime must be notified in writing of any changes to the pick up list.

MEDICAL PERMISSION

List medication(s) taken regularly: _____

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

Please list any other medical issues 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 _____

Parent must be contacted BEFORE administering approved non-prescription medications listed above: YES NO

Parent's Signature _____

Parents of 3K and 4K students: Please read and sign below.

Spartanburg Christian Academy Preschool Aggression Policy

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 and Warrior Overtime.***

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.

Spartanburg Christian Academy Preschool Potty-Training 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.

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

Parent 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