



# WARRIOR SUMMER CARE INFORMATION 2026

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 completed and returned before his/her start date.** The deadline for all applications is **June 30, 2026**. 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 <sup>th</sup> Grade	\$75 Registration Fee	Non-refundable
	\$185/week: (must bring lunch from home)	Fee includes morning/afternoon snack
	No show fee \$100/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 1, 2026 and end on July 31, 2026 for current SCA and non-SCA students.
- Current SCA students may attend May 22 and May 26-29, 2026. They will be charged regular Warrior Overtime daily/monthly fees.
- No Summer Care applications will be accepted after June 30, 2026.
- Summer Care weekly payments must be dropped off at the SCA front office each Monday morning; failure to do so may result in student removal from classroom with parent pick-up required.
- Current SCA students in rising 5K-6<sup>th</sup> grades who are registered for Warrior Overtime may begin Monday, August 3, 2026.
- Rising 4K SCA students who have been attending Summer Care may stay August 3-7 and August 10-11. (regular daily/monthly Warrior Overtime charges will occur)
- Current SCA students in rising 3K and 4K who did not attend summer care but are registered for Warrior Overtime may begin Wednesday, August 12, 2026.



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**OFFICE USE ONLY**  
\_\_\_\_ Registration Fee  
\_\_\_\_ Application  
\_\_\_\_ Policy Form  
\_\_\_\_ Medical Form  
\_\_\_\_ DSS Form

# 2026 WARRIOR SUMMER CARE REGISTRATION

***\$75.00 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 \$100 no-show fee must be paid the following Monday your child attends. **Students cannot attend summer care until fee has been paid.**
- Weekly fees: \$185 - No lunch option available (All students must bring bag lunch every day.)
- Summer care is available 7am-6pm each day. Students picked up after 6pm will incur a late charge of \$15 for every 10 minutes parents are late for pick-up. This fee is due upon pick up of the student.
- Students NOT pre-registered for a week may not attend Summer Care that week.

STUDENT'S NAME: \_\_\_\_\_ Grade (upcoming academic year): \_\_\_\_\_

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 who have permission to 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.)



# MEDICAL PERMISSION FORM

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STUDENT NAME: \_\_\_\_\_ Grade (upcoming academic year): \_\_\_\_\_

List medication(s) taken regularly: \_\_\_\_\_  
\_\_\_\_\_

Does your student have any known allergies?  Yes  No 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      \_\_\_\_ 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: \_\_\_\_\_

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

## Spartanburg Christian Academy Preschool Aggression Policy

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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

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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