

**Enrollment Application for Pennsylvania Children's Center
Licensed by the 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: Pennsylvania Children's Center – Tamassee DAR School **County:** Oconee County, South Carolina
Address: 1781 Bumgardner Drive - Tamassee, South Carolina 29686

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: _____
(Relationship)

Home Phone: _____ **Work Phone:** _____ **Other Phone:** _____

Parent/Guardian's Full Name: _____
(Relationship)

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):** _____

*In emergency situations, when parents cannot contact the school to let us know someone different will pick up a child, the code word will let us know you authorized them.

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):** _____

*In emergency situations, when parents cannot contact the school to let us know someone different will pick up a child, the code word will let us know you authorized them.

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 your 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

Check all meals child will receive daily: Breakfast (7:30) Lunch (11:00) Afternoon Snack (2:45)

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: _____

Street Address

City, State, Zip

Telephone

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 _____ is in good mental
Child's Name
and physical health and able to participate in the child care program at the Pennsylvania Child Development Center.

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee



Pennsylvania Children's Center General Record Enrollment Form

Preferred name (nickname) of child: _____

Birthday: _____

Home address: _____

Home phone number: _____

Parent's full legal name: _____

Father's work number: _____ Mother's work number: _____

Contact in case of emergency: _____

Address: _____

Family Doctor: _____ Phone: _____

Please list special needs of the child: _____

Has your child had any testing/screening: _____

If yes, please provide a copy of the results for your child's file.

I hereby authorize Pennsylvania Children's Center the right to treat my child _____ with any necessary emergency medical care.

Signed: _____ **Date:** _____

Allergies of child: _____

Please list names of people authorized to pick up your child.



Pennsylvania Children's Center Policy for the Release of Children

Parents are required to fill out an enrollment form which lists people who have their permission to pick up their children from Pennsylvania Child Development Center by showing a picture I.D. such as a driver's license. Children will only be released to the people listed on the enrollment form after their I.D. has been checked and they have signed the child out in the attendance log.

Parent/guardian must give a verbal or written permission for any individual not listed on the child's enrollment form. In cases where an individual (not listed on an enrollment form and without prior permission from the parent/guardian) attempts to pick up a student, the parent/guardian will be called to authorize the pick-up.

CUSTODY/COURT RECORDS/ ORDERS

In the event of any legal matters regarding the custody of your child, the center must have copies of the court documents for custodial arrangements such as billing and visitations. In addition, any orders that state your child cannot visit with certain people must be supported with documentation from the court. Finally, if the parents are in a custody dispute over their child, the center must have all requests and directives for records or information about the child, from parents and attorneys in writing. Furthermore, those requests and directives must be within the guidelines of the court documentation. Childcare information will be released to both parents unless prohibited by court order.

Parent access to children while in the center:

Parents' Right to Free and Full Access to Their Child During School Hours

Pennsylvania Children's Center shall permit the parent / guardian of a child free and full access to his or her child without prior notice unless there is a court order limiting parental access. Your free access must not disrupt instructional activities or classroom routines. Because we must think of your child and all the children in the classroom, repetitive disruptions will require us to impose limitations on access on a case by case basis.

Parent/Guardian Signature

Date



Pennsylvania Children's Center Persons Authorized for the Release of Children

Please list names, phone numbers and addresses of people authorized to pick up your child with a picture I.D. such as a driver's license.

Name: _____

Relationship to child: _____

Address: _____

Phone Number: _____

Name: _____

Relationship to child: _____

Address: _____

Phone Number: _____

Name: _____

Relationship to child: _____

Address: _____

Phone Number: _____

Name: _____

Relationship to child: _____

Address: _____

Phone Number: _____

Parent/Guardian Signature

Date