

For Office Use Only: Submission Date _____ Date Enrolled _____

Johns Island Early Childhood Christian Academy

Enrollment Application

Johns Island Early Childhood Christian Academy admits students of any race, color, national and ethnic origin and does not discriminate in administration of its educational policies, admissions policies, scholarship, athletic and other school-programs.

La “Johns Island Early Childhood Christian Academy” no discrimina sobre la base de raza, color, origen nacional o étnico en la administración de sus políticas educativas, políticas de admisión, y otros programas administrados por la escuela.

Enrollment Information

Enrollment Type: Full-day Afterschool

Age Group: Infant Toddler Preschool K4 K5

Please print this application: Requested starting date: _____

Personal Information

Child's Full Name: _____

First Middle Last

Child's SS # _____ and state born in _____

M F Date of Birth _____

Address: _____

Street City State Zip Code

Mother/Guardian's Name: _____ S.S.# _____

Home Address: _____

(If different from child) Street City State Zip Code

Work Address: _____

Street City State Zip Code

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Father/Guardian's Name: _____

Address: _____

(If different from child) Street City State Zip Code

Work Address: _____

Street City State Zip Code

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Relationship of Parents: Married Divorced/Legally Separated Single

Do you have any personal talents/skills you would enjoy sharing with classroom children? (Such as a musical talent or arts/ crafts skill) If yes, please specify:

Health Care Information

Do you have up-to-date proof of the immunizations required by SC for your child?
(Refer to enclosed SC Department of Health and Environmental Control list)

Yes No **If not, when will you?** _____
(Proof required if enrolled.)

Child's physician and/or clinic: _____

Address _____ **Ph. (____)** _____

Insurance Company: _____ **Policy Number:** _____
(Copy of insurance card(s) must be presented at time of enrollment)

Child's dentist and/or clinic: _____
(If applicable)

Address _____ **Ph. (____)** _____

Insurance Company: _____ **Policy Number:** _____
(If applicable)

Is child currently on medication(s)? Yes No

If yes, which medication(s)? _____
(Please also read and sign Medication Administration form)

Does your child have any allergies? Yes No

If so, specify allergy triggers: (i.e. foods, medications, insects, animals): _____

Specify symptoms: _____

Are there special requirements/limitations for your child's diet while in care?

Yes No

If yes, are they family preference(s) or doctor's requirement? _____

Please specify limitations: _____

(If not applicable, skip to Child's Personal and Developmental History section.)

Johns Island Early Childhood Christian Academy strives to accommodate children with special needs whenever possible. In the event of acceptance, please help us better serve your child by completing the following.

Is your child's disability: mental visual auditory physical emotional behavioral

Specify and describe disability:

Does your child's disability require specialized treatment and/or medication?

Yes No

If yes, please specify: _____

Will treatment or medication need to be administered at the Center? Yes No

Could treatment (i.e. nebulizer) or meds be given by Center staff? Yes No

Does your child use specialized equipment for health or mobility? Yes No

If yes, please specify: _____

Does your child need specialized care in feeding, toileting, napping or dressing?

Yes No

If yes, please specify & describe all that apply: _____

Child's Personal and Developmental History

Names and ages of siblings living with your child:

Is English your child's primary language at home? Yes No

If not, what is? _____

Is your child toilet-trained? Yes No **If yes, for how long?** _____

Does your child have any special fears or concerns? _____

Please describe any unique circumstances in your family or child's life that may affect your child's current behavior. _____

For everyone's protection, children will only be released to legal parents, guardians and local persons 18 yrs. and up identified on the emergency contact list below.
(Upon arrival, these persons must provide a current photo ID and provide their signature on the center's daily attendance sign out sheet.)

Name: _____ **(Phone)** _____

Address: _____

(Alt. Phone) _____ **Relationship to Child:** _____

Name: _____ **(Phone)** _____

Address: _____

(Alt. Phone) _____ **Relationship to Child:** _____

Name: _____ **(Phone)** _____

Address: _____

(Alt. Phone) _____ **Relationship to Child:** _____

Name: _____ **(Phone)** _____

Address: _____

(Alt. Phone) _____ **Relationship to Child:** _____

Name: _____ **(Phone)** _____

Address: _____

(Alt. Phone) _____ **Relationship to Child:** _____

Johns Island Early Childhood Christian Academy will operate Monday through Friday from 6:30 am to 6:00 pm, excluding holidays and under extreme weather conditions.

Statement of Understanding

- I agree that I am enrolling my child for five days a week at a cost of \$ _____ per week
- I agree to pay a registration fee of \$ _____ at the time of enrollment. The registration fee is not refundable
- I agree to pay each week's full tuition on Monday or Tuesday morning of the week before the service begins
- I am aware that there is a \$ 10.00 charge each day for any tuition not paid by Tuesday, 6:00 pm, \$10.00 for Wed, Thus, and \$10.00 for Friday if not paid.
- I am aware that my child will be dropped from the center when accounts are one week past due unless prior arrangements have been made.
- I am aware that here is a \$35.00 charge on all returned checks. After one returned checks, accounts must be paid in cash only.
- I am aware that parents picking children up after 6:00 pm will be charged \$1.00 for every minute a parent is late. The late fee must be paid that evening or the next day when your child returns to school.
- I am aware that I or another authorized adult (18 or up) must take my child inside or pick my child up from the classroom daily and sign the sign in/out sheet while (must show i.d.).
- I agree to drop off my child no later than 9:00 am or I will call and let the Center know of their lateness or if they are absent for that day.
- My child may be absent in December for the same two weeks Charleston County Schools are out for Christmas/New Years vacation, without paying their regular tuition. If you choose not to use these two weeks as vacation weeks, there is no other free vacation weeks of the year. The time must be used in full week increments; not individual days or you pay per day during this time. If you take your child out on a personal vacation week, you must pay for two days (\$60.00) for that wk.
- I am aware that my child's overall condition will be noted each morning during a health check. At the sign of illness, the teacher will request that my child be returned home.
- I am aware that I must keep my child at home or make other arrangements for child care if my child has any of the symptoms/illnesses listed on the SC DHEC Childcare Exclusion List. If my child becomes ill while at the center, I must pick up my child immediately or make arrangement with someone on the approved list (must show I.D).
- I am aware that if it is necessary for me to withdraw my child, it is expected that I will give the center at least a Two Week notice, unless an emergency situation makes it impossible to give the center such advance notice. If a two-week notice is not given, I am expected to pay the full two-week tuition.

Parent or Guardian Name (please print) _____

Parent or Guardian Signature _____ Date _____

