

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

First Presbyterian Church

Discipline Policy

The First Presbyterian Church Mother's Morning Out Program believes that each child is a gift from God. We encourage all children to treat each other with kindness. In order to maintain a safe and kind atmosphere the staff uses positive techniques of guidance such as redirection, positive reinforcement and praise. There is no use of corporal punishment.

Parent or guardian signature

Date

Mother's Morning Out Manual

I have received and read the manual for the First Presbyterian Church Mother's Morning Out Program. I understand and accept ALL center policies.

Parent or guardian signature

Date

Photo Release

For ministry and promotional purposes, videos and photographs may be taken during this program. Your registration constitutes permission for First Presbyterian Church to use your likeness in our media materials.

I have read and agree to this release.

Parent or guardian signature

Date

Permission to Pick-Up Child

List friends and/or family members who have your permission to pick up your child. They will need to show picture ID.

()relative () friend/neighbor Phone _____

()relative () friend/neighbor Phone _____

()relative () friend/neighbor Phone _____

Emergency Medical Permission

In the last few years, the medical community has become very reluctant to administer treatment to children unless they have parental permission. Here at First Presbyterian Church, Mother's Morning Out, we use caution, judgment, and care to keep your child safe but wherever there are children, accidents and injuries can occur. Of course, it is our policy to make every effort to contact you first and then those listed as emergency backup; but if this should prove impossible, we need permission to seek medical treatment for your child.

I hereby authorize the agents of First Presbyterian Church Mother's Morning Out and any licensed physician or medical care facility permission to take all emergency steps that may be deemed necessary in case of an accident. As parent or guardian, I hereby give my permission for emergency medical treatment for my child(ren) in the event I cannot be reached for authorization.

Child's Name

Signature or Parent/Legal Guardian

Date

Wellness Policy

We know you join our concerns in pursuit of a healthy environment for our children. However, we all have a difficulty at times determining when a child should remain at home.

We felt that more specific descriptions of children's symptoms would be helpful. We feel it will be helpful to the Mother's Morning Out staff and parents to be on the same page when it comes to assessment.

Please read this policy, sign and return to the MMO office. The MMO handbook contains a copy of this policy for your records.

FEVER

When a child has a fever (above 99.4 taken orally or above 100.2 taken rectally) he should remain at home. If a child develops a fever at Mother's Morning Out, his parents will be called. If a child is recovering from an illness, he should be free of fever for 24 hours before coming to Mother's Morning Out.

MEDICATION

When a child has been on an antibiotic for at least 24 hours and is 24 hours fever-free, then the child is considered non-contagious to others. At Mother's Morning Out, we do not administer medicine. Our staff can NOT administer ANY type of medication.

COLDS AND RUNNY NOSES

If a child has a cold, he is contagious and should not come to Mother's Morning Out. At times a runny nose may indicate allergy only. If this is the case, the discharge from the nose is clear. However, if it is yellow or green, infection may be present, and the child should not be brought to Mother's Morning Out. A child with a green or yellow discharge will be sent home.

ALLERGIES

Please alert your child's teacher and the Director of any allergies your child has. There are bright green stickers available in the office with which we can label your child's cubby with allergy information.

COUGHS

Coughs can spread infection very easily. If your child is coughing as a result of cold or bronchial infection, he is contagious as long as the cough is moist or fever persists. If the infection is bacterial and he has been on antibiotics for 24 to 36 hours and has had no fever for at least 12 to 24 hours, then he is not contagious. In all cases involving coughs, the child's comfort is a factor in whether to remain at home.

EAR INFECTIONS

Ear infections are frequent in young children. A child should have completed 24 hours of medicine (and being fever-free) and be comfortable before returning to Mother's Morning Out.

SORES

Children with open sores should not attend.

DIARRHEA

Diarrhea is defined as four to five bowel movements in an eight-hour period. This can be caused by infection, diet, eating, or medication. If a child has diarrhea for any reason, he should NOT come to Mother's Morning Out or parents will be called to come for him/her if he/she is already there. Although frequent bowel movements may not represent a contagious condition, the percentage of time that the teacher spends with diapering is a consideration when there are other children to be cared for. The child should also be where he/she is most comfortable when suffering from this condition.

In all cases, if your child is irritable and has another symptom, she/he would probably be more comfortable at home. Remember, no one wants their child to be exposed to infections or germs. Let's all work together to keep from "sharing" too much.

Signature _____

Date _____