



Carolina Prep Student Enrollment Form

To ensure the accuracy of all information, parents must complete
a new enrollment form each year.

For Administrative Use Only		
Received by: _____	Initiation Fee paid: _____	
Date attendance will begin: _____		
Classroom Placement: _____		
2-day	3-day	5-day

Child's Full Name: _____ Goes by: _____

Address: _____ HomePhone: _____

City/State: _____ Zip: _____ Date of Birth: _____ Sex: _____

FATHER OR GUARDIAN

Salutation Social Security #

Last Name First Name

Street

City State Zip

Home Phone Employer & Work Address

Work Phone

Cell Phone

Email address

MOTHER OR GUARDIAN

Salutation Social Security #

Last Name First Name

Street

City State Zip

Home Phone Employer & Work Address

Work Phone

Cell Phone

Email address

Status of Child's Parents: (circle one) Married Separated Divorced Widowed Single

If not married, which parent has primary custody of child? _____

*Please supply any necessary court documents.

CHILD'S SIBLINGS

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

MEDICAL INFORMATION

Physician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Dentist: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred Hospital: _____

Insurance Provider: _____ Policy #: _____ Phone: _____

Please list any allergies, preexisting illnesses, seizures, adverse reactions to prescribed medications, or other medical problems:

Please specify any dietary restrictions (if an infant, specify formula):

STATE LAW REQUIRES THAT ALL MEDICINES (PRESCRIPTION AND OVER THE COUNTER) MUST:

- ◆ Be provided in their original container
- ◆ Be clearly labeled with the child's name and dosage schedule
- ◆ Include written directions for administering the medication

ADMINISTRATION OF MEDICINE

The director will administer medicine to a child upon written authorization from the parent or guardian. Such written notice must be provided each day that the medicine is to be administered. Parents will be notified immediately if their child has an adverse reaction to any medication

ILLNESS/INJURIES

If your child appears ill, has a fever, is vomiting or shows symptoms of a communicable disease, please do not bring him or her to Carolina Prep. Carolina Prep will notify parents if we suspect your child has a communicable disease. In the same way, we expect parents to notify us if they believe their child has symptoms of a communicable disease. If your child has such symptoms while at Carolina Prep, you will be asked to pick him or her up immediately. When your child has been symptom-free for 24 hours without the use of medication, they can return to school. Parents will be notified immediately of any injuries or accidents, large or small, that occur while their children are at Carolina Prep.

EMERGENCY MEDICAL TREATMENT

We hereby grant permission to Carolina Prep to take whatever action in its judgment may be necessary in supplying emergency medical services to our child. We understand that, consistent with the circumstances of the situation, Carolina Prep will attempt to contact and follow the instructions of the parent, guardian, physician or other person(s) designated by us. In the event that Carolina Prep is unable to contact the parent, guardian, physician or other designated person(s), we hereby grant permission to Carolina Prep to contact and comply with the advice of an available physician, ambulance personnel or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expense which may be incurred by Carolina Prep in making emergency care (including transportation to and treatment at the nearest hospital) available to our child.

We agree to provide evidence of age appropriate immunization or signed affidavit against such immunizations on DHEC form 1148 (South Carolina Certificate of Immunization) as provided by the South Carolina Department of Health and Environmental Control. (This form can be obtained from your pediatrician's office.) We further agree to maintain these immunizations while enrolled.

Mother or Guardian: _____ Date: _____

Father or Guardian: _____ Date: _____

EMERGENCY CONTACTS

Please provide information about three other persons whom Carolina Prep is authorized to contact in case of an emergency. Additions or changes to the list of persons appearing below must be made on the appropriate form (available in the director's office). The following contacts are persons whom you authorize Carolina Prep to contact for guidance in an emergency when the parents, guardians or physician (if appropriate) are unavailable. All emergency contacts are also authorized to pick up your child.

Name: _____

Phone: _____

Address: _____

Alt. Phone: _____

Name: _____

Phone: _____

Address: _____

Alt. Phone: _____

Name: _____

Phone: _____

Address: _____

Alt. Phone: _____

AUTHORIZATION TO RELEASE YOUR CHILD

Please provide information about the individuals you authorize to pick up your child at Carolina Prep. Under no circumstances will Carolina Prep release your child to anyone not identified above or below or not otherwise known to staff without specific authorization from the parent or guardian. These individuals will be required to show proof of identification before we will release your child to them.

Name: _____

Phone: _____

Address: _____

Alt. Phone: _____

Name: _____

Phone: _____

Address: _____

Alt. Phone: _____

HOURS

Carolina Prep's hours of operation are from 6:30 a.m. until 6:30 p.m. Monday through Friday. Please note that parents must escort their child(ren) in and out of the building. After 6:30 p.m., a late fee is charged of twenty - five dollars (\$25.00) for the first five minutes, and five dollars (\$5.00) per minute thereafter that the child remains on the premises. These charges will be reflected on the parent or guardian's next regular statement.

DAYS OF OPERATION

Carolina Prep will operate Monday through Friday throughout the year except for Memorial Day, Labor Day, Thanksgiving Day and the day after Thanksgiving. Independence Day, Christmas, and New Year's holidays will be determined each year. Please note that we will be closed for one week during the Christmas holidays and our closings for Independence Day will vary each year. All of this information will be posted on our website. Carolina Prep will also be closed on President's Day and Columbus Day for staff training. No discounts from tuition will be made for holidays or other days on which the facility is closed.

ENROLLMENT POLICY

Initial and continued enrollment will be at the discretion of Carolina Prep based upon the best interests of the child, the expectation that he/she will benefit from the program, and the welfare of the other enrolled children. Enrollment shall be without regard to race, creed, sex or national origin. Because staffing and other operational costs are based on fixed levels of enrollment, students enrolled in the 2- or 3-day programs are not permitted to switch or make up missed days.

MONTHLY STATEMENTS

Tuition and other fees for the coming month will be reflected in a statement which is mailed to the parent or guardian before the first of each month. Payment is due the first of every month. A \$75.00 late fee will be assessed for any payments received after the 5th. If payment is not received by the 10th, an additional \$100 will be charged upon readmittance. All accounts must be paid in full immediately thereafter in order to continue in the daily program. There will be a \$25.00 service charge added to your account on any returned checks.

WITHDRAWAL

It is the parents' responsibility to choose the most appropriate childcare environment for their child. If you choose to withdraw your child from Carolina Prep, please be aware that the obligation for full payment of tuition and other fees will continue for thirty (30) days after advance written notice of the date of withdrawal. In no event will a delayed or retroactive notice of withdrawal have the effect of canceling tuition or other fees applied prior to the required thirty (30) day receipt by Carolina Prep of such notice of withdrawal.

YOUR CHILD'S FILE

A copy of this enrollment application must be updated each year and remain within the files of Carolina Prep so long as the child remains actively enrolled at the facility. Parents or guardians may review this form at any time. The parent or guardian is required by state law to update information furnished herein as necessary, with changes initialed and dated by the parent and the director.

IN-HOME BABY-SITTING

If you arrange with a staff member for off-premise care of your child, the staff member undertakes such service on his or her own behalf and not as our employee. Carolina Prep staff members are selected and retained only on the basis of their ability to render childcare services in a controlled and fully-supervised childcare program. Carolina Prep offers no assurance of its staff members' ability to perform these and other services in an environment which is not properly supervised (such as transporting children or caring for them in your home) and none should be implied or inferred under any circumstances.

PROCUREMENT FEE

There will be a \$3,000 procurement fee if you hire a Carolina Prep employee away from Carolina Prep during your child's enrollment period or within 12 months of withdrawal from Carolina Prep.

ACKNOWLEDGEMENT OF GUIDANCE & DISCIPLINE POLICY

Discipline is training that develops self-control, character, and social competence. Children are encouraged to be well-behaved and not hurt others. If discipline is needed, our techniques include problem solving, redirection, and quiet personal time. Corporal punishment is not permitted. By signing below, we acknowledge that we have read Carolina Prep's Parent Handbook.

Mother or Guardian: _____ Date: _____

Father or Guardian: _____ Date: _____

GENERAL AUTHORIZATION

We hereby grant Carolina Prep permission for our child to (a) take part in all program activities including the use of all indoor and outdoor equipment; (b) be photographed or videotaped in connection with daily program activities and have his or her likeness used in publicity and promotional materials (e.g. newsletter, brochures, website, etc.) without limitations or reservations; (c) leave the premises of Carolina Prep to take part in planned educational field trips or activities supervised by the staff of Carolina Prep (such trips or activities will be announced to the parent or guardian at least one day in advance of the trip or activity); (d) access the Internet under teacher supervision in the Technology Center and/or classroom; and (e) use a student e-mail account (Grades 1 - 5 only). Note: You may strike through any of the items above which you do not wish to authorize for your child.

Mother or Guardian: _____ Date: _____

Father or Guardian: _____ Date: _____

TRANSPORTATION AUTHORIZATION

Carolina Prep will provide transportation on a bus which is equipped with personal restraint systems. Parents must complete a Field Trip Authorization form prior to each field trip, and must have an Emergency Medical Information form on file.

Mother or Guardian: _____ Date: _____

Father or Guardian: _____ Date: _____

GENERAL AND FINANCIAL ACKNOWLEDGMENT

We have specifically reviewed each of the provisions in this application and hereby agree to comply with all provisions herein. We understand that no school records will be released until all financial obligations are met.

Mother or Guardian: _____ Date: _____

Father or Guardian: _____ Date: _____