



Benedict College
Child Development Center
 1608 Westminster Drive
 Columbia, South Carolina 29204

Enrollment Application

Please print using black or blue ink.

Enrollment Type:				Enrollment Term:				
<input type="checkbox"/> New <input type="checkbox"/> Renewal				<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer				
Section I: Family Information								
Name of Child				Date of Birth			Sex	
Street Address				Home Phone			Ethnic Origin	
City				State			Zip	
Primary Parent				Date of Birth			SSN	
Relationship				Home Phone			Email Address	
Street Address				City, State			Zip	
Place of Employment				Work Hours				
Work Phone				Alternate Phone				
Secondary Parent				Date of Birth			SSN	
Relationship				Home Phone			Email Address	
Street Address				City, State			Zip	
Place of Employment				Work Hours				
Work Phone				Alternate Phone				
Section II: Emergency Contacts (one of the following persons will be contacted if parent(s) cannot be reached)								
Name				Relationship				
Street Address				City, State, Zip				
Home Phone			Work Phone			Alternate Phone		
Name				Relationship				
Street Address				City, State, Zip				
Home Phone			Work Phone			Alternate Phone		

Name of Child _____

Date of Birth _____

Section III: Developmental History (infants, pre-school and kindergarten students only)					
Personal		Other personal information			
My child began:	Age	Does your child:	Additional information for "yes" answers		
Sitting		Have any difficulties speaking			
Crawling		Have any special learning needs			
Walking					
Talking		Language spoken in the home	English	Spanish	Other
Health					
List serious illnesses or hospitalizations					
List physical disabilities, allergies, or therapies					
List all medications taken on a regular basis					
Eating					
Does your child:	Provide information for each statement below				
Have any eating problems					
Have any food allergies					
Have a favorite food					
Dislike a particular food					
Eat with a spoon					
Eat with a fork					
Eat with his/her hands					
Drink breast milk, formula, or milk					
Toilet Habits					
Does your child:	Yes or No	Additional information for "yes" answers			
Indicate his/her toilet needs					
Remain dry during naps					
Have a fear of the restroom					
Have frequent accidents					
Remain dry overnight					
Family words for:					
	Urination		Bowel movement		

Name of Child _____

Date of Birth _____

Section IV: Health Information			
Health Insurance Carrier	Name of Primary Insured	Group Number	Policy Number
Name of Physician	Area of Specialty	Address	Phone Number
	Primary Care		
	Dentist		

Read each statement below regarding emergency care. After reading each statement place your initials in the space provided.

Firs Aid and CPR _____ Parent's initials	In the event of an emergency, I authorize any qualified staff person of the Benedict College Child Development Center to administer first aid and/or CPR as necessary to my child.
Permission for Emergency Care _____ Parent's initials	In the event of an emergency, in which I cannot be reached the staff of the Benedict College Child Development Center should contact the physician listed above. I hereby authorize the center and physician to provide any emergency care deemed necessary for my child, which may include the administration of anesthesia, if surgery is advised.
Permission to Transport _____ Parent's initials	In the event of an emergency, I hereby give Benedict College Child Development Center staff permission to transport my child via an emergency medical carrier to the closest local hospital.
Health Record Transfer _____ Parent's initials	In the event of an emergency, I hereby authorize the transfer of my child's health records to the local hospital.

Section V: Authorized Adults

The following persons have permission to pick my child up from the center:		Family Code Word	
Name	Address	Contact Number	Relationship

Section VI: Meals and Attendance

My child will attend the center	From		a.m.	To		p.m.
Days my child will attend (circle each day)	Monday	Tuesday	Wednesday	Thursday	Friday	
My child will receive meals daily (circle the required meals)	Breakfast	Morning Snack	Lunch	Afternoon Snack	Dinner	Evening Snack
Attendance Agreement _____ Parent's initials	I agree that my child will attend the Benedict College Child Development Center each day Monday through Friday. I further understand that my child must arrive at the center no later than 9:00 a.m. and must be picked up no later than 5:30 p.m. each day. State law prohibits a child being left at a child care facility longer than 10 hours per day. Late charges will be applied to my account if my child is not picked up by 5:30 p.m.					

Section VII: Natural Disaster/Security Emergency

In the event of a natural disaster/security emergency, the Benedict College Child Development Center has developed an emergency response plan. As a part of the plan, we request that each parent provide the center with the following items for each child's "Survival Kit". All items must be placed in a heavy duty garbage bag with all items labeled properly. These items are for the comfort of your child in the event custodial care must exceed 10.5 hours.

Survival Kit	<ul style="list-style-type: none"> • Three day supply of regular medicines taken • Analgesic • One set of clothes • Two sets of undergarments (t-shirt, socks, briefs, and or diapers) • One baby blanket • Soft pack of baby wipes • 3 x5 photo of child • One hand towel • Face mask (optional)
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Natural Disaster Contact Persons

In the event of such an emergency, each family must identify the parents and two authorized persons to be notified. Please indicate below all persons to be notified in the event of a natural disaster or security emergency.

	Name	Address	Best Contact Number	E-mail Address
Mother				
Father				
Authorized Adult				
Out-of-State Authorized Adult				

"Survival Kit" Over-the-Counter Medication Authorization

I give Benedict College Child Development Center permission to issue the over-the-counter medications provided in the "Survival Kit" in the event of a natural disaster/national emergency. I understand the policy of over-the-counter medications as stated in the Benedict College Child Development Center's Handbook. I further understand that this permission is only effective during states of emergency, when it is determined that my child will be in the custody of the center staff for more than **10.5 hours** and a parent or emergency contact person are unable to obtain custody of the child.

Parent's initials

Name of analgesic provided

Parent's initials

Section VIII: General Authorizations

Read each statement below, after reading each statement place your initials in the space provided. Provide your signature at the bottom of the page acknowledging the understanding of each statement.

Confidentiality of Records

I understand that the information pertained herein is reviewed by the staff of the Benedict College Child Development Center and the completion of these enrollment forms is a necessary step in the enrollment of my child for child care services.

All information contained in my child's records will be privileged and held in confidence. I understand that information will not be release to anyone who is not directly related to the implementation of the program without my permission.

Parent's initials

In addition, I may request copies of my child's records and add information, comments, and other relevant materials. I may also request deletion or an amendment of any information contained in my child's records as necessary.

Name of Child _____

Date of Birth _____

Periodic Review of Records _____ Parent's initials	I understand that I have the right to review records maintained on my child and family and to dispute any information that may be deemed incorrect.
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Prescription and Over-the-Counter Medication _____ Parent's initials	I hereby authorize staff members to administer prescription and over-the-counter medication to my child when necessary. Additionally, I authorize the application of insect repellent and sunscreen on my child when necessary. I understand that it is my responsibility to complete "Permission to Administer Medication" for each occurrence.
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Parent/Teacher Organization (PTO) Statement _____ Parent's initials	I will attend and participate in parent/teacher meetings and other Parent-Teacher Organization (PTO) activities throughout the academic year.
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Field Trip Permission _____ Parent's initials	I understand that field trips are an integral part of the center's curriculum and that I will be informed of such trips as they are planned. Travel for trips will be in an authorized vehicle that is equipped with required child safety devices. I hereby grant permission for my child to participate in field trips within a 50 mile radius of the center.
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Swimming Activities _____ Parent's initials	I understand that swimming activities will be offered to children ages 3 and older. Children will be provided with a life jacket and a lifeguard will be on duty at all times. I further understand that transportation to swimming activities will be required and additional permission will be necessary when appropriate.
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Volunteer Interaction _____ Parent's initials	I understand that volunteers and student interns are used by the center. Volunteers are carefully screened and background checks are conducted prior to hiring.
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Photographic Release _____ Parent's initials	I give permission to the Benedict College Child Development Center to use and reproduce photographs taken of my child. These photos may be used for advertising and publicity purposes that are legal, ethical, and morally sound.
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Parents of Infants and Toddlers Only

"Back to Sleep" Policy _____ Parent's initials	The Benedict College Child Development Center supports "Back to Sleep" for infants and toddlers. In the event that "Back to Sleep" is not consistent with your family's needs due to special health conditions, a doctor's note and release form must be on file at the center.
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"Back to Sleep" Release Form _____ Parent's initials	I am aware of the Benedict College Child Development Center "Back to Sleep" policy. However, I am requesting that my child be placed on his/her stomach or side during nap time.
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Section IX: Acknowledgement and Signature

Parent Statement			
I certify that all information given herein is true and complete to the best of my knowledge. I hereby acknowledge that I understand and concur with guidance and/or policies contained in this Enrollment Application and any attachments thereof.			

Parent/Guardian Signature	Date	Center Representative	Date

CENTER STAFF USE ONLY

Application Date	Enrollment Date	Classroom Assignment	Assigned Teacher	Weekly Rate