

**OFFICE USE ONLY**

Date Received \_\_\_\_\_

Registration Fee \_\_\_\_\_

**Application**  
**White Oak Baptist Child Care Center**  
*It is essential that you keep this information updated*  
*Please notify us of any changes.*

|  |                                     |  |  |                      |
|--|-------------------------------------|--|--|----------------------|
| <b>Number of Days to Attend</b>  |                                     |  |  |                      |
| <input type="checkbox"/>   | 5 days                              | <input type="checkbox"/>   | <input type="checkbox"/>                   | Entrance Date _____  |
| <b>Name</b>  |                                     |  | Name Used at Home                          |                      |
| <small>First</small>   | <small>Middle</small>               | <small>Last</small>  |  |                      |
| <b>Date of Birth</b>   | <small>Present Age</small>          | <b>Sex</b>   | <b>Previous Program Attended</b>           |                      |
| <b>Home Address</b>  |                                     |  |  |                      |
| <small>Street</small>  |                                     | <small>city</small>  | <small>state</small>                       | <small>zip</small>   |
| <b>Home Phone</b>  |                                     | <b>Preferred E-mail</b>  |  |                      |
| <b>Father's Information</b>  |                                     |  |  |                      |
| <small>Name</small>  |                                     | <small>Driver's License Number</small>                                     |  | <small>State</small> |
| <small>Company/Business</small>  | <small>Occupation/Job Title</small> |  | <small>Business Phone w/ Extension</small> |                      |
|  |                                     | <small>Cell Phone</small>  |  |                      |
| <b>Mother's Information</b>  |                                     |  |  |                      |
| <small>Name</small>  |                                     | <small>Driver's License Number</small>                                     |  |                      |
|  |                                     | <small>State</small>   |  |                      |
| <small>Company/Business</small>  | <small>Occupation/Job Title</small> |  | <small>Business Phone w/Extension</small>  |                      |
|  |                                     | <small>Cell Phone</small>  |  |                      |
| Do parents live together? <input type="checkbox"/> yes <input type="checkbox"/> no   |                                     | Give names of others who live in the home and relationships to your child. |  |                      |
| List names and ages of other children in the home.   |                                     |  |  |                      |
| Is another language spoken in the home?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is it?<br>_____ |                                     | Name of Church   |  |                      |
|  |                                     | Pastor's Name  |  |                      |
| Is your child willing to try new foods? Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |                                     |  |  |                      |

|   |                              |                               |  |
|---|------------------------------|-------------------------------|--|
| Is your child an eager eater? Yes <input type="checkbox"/> No <input type="checkbox"/>  |                              |                               |  |
| What else do we need to know about his/her eating habits?   |                              |                               |  |
| Please check the column that most accurately describes your child and give the specifics in the space to the right.                                   | <b>Has Now</b>               | <b>Had, but no longer has</b> | <b>Has never had</b>   |
| 1. Physical handicap  |                              |                               |  |
| 2. Developmental delay  |                              |                               |  |
| 3. Chronic disease or condition   |                              |                               |  |
| 4. Eye or vision problems   |                              |                               |  |
| 5. Ear or hearing problems  |                              |                               |  |
| 6. Difficulty with toilet training  |                              |                               |  |
| 7. Difficulty with bowel movements or urination   |                              |                               |  |
| 8. Speech problems  |                              |                               |  |
| 9. Allergies to food  |                              |                               |  |
| 10. Allergies to environmental substances   |                              |                               |  |
| 11. Temper tantrums   |                              |                               |  |
| 12. Fears, nightmares, bad dreams   |                              |                               |  |
| If someone other than a parent will be picking your child up from kindergarten/late stay on a regular basis, please supply the following information. |                              |                               |  |
| <b>Name</b>   | <b>Relationship to Child</b> | <b>Vehicle Description</b>    | <b>Phone Number(s) where the person may be reached at pick-up time</b> |
|   |                              |                               |  |
| What other persons are authorized to pick up your child?  |                              |                               |  |
|   |                              |                               |  |
|   |                              |                               |  |
|   |                              |                               |  |

What else would you like the caregivers to know about your child and your family?

White Oak Baptist Weekday Early Education  
 1805 Wade Hampton Boulevard  
 Greenville, SC 29609  
**Child Development Center**

**Promise of Payment**

The undersigned promise to pay White Oak Baptist Kindergarten/Child Development Center for all schooling and childcare provided by said institution/ministry as stated in this document.

- ✓ Pre-payment as follows per week is to be made **on the first day of each week** on which the child is in attendance in the program. **There is a \$5 fee for late payments.**

|           |                       |                       |       |
|-----------|-----------------------|-----------------------|-------|
|           | 1 <sup>st</sup> Child | 2 <sup>nd</sup> Child |       |
| Five Days | \$145                 | \$140                 | ***** |
|           |                       |                       |       |
|           |                       |                       |       |

- ✓ \*Additional payments at the stated rate are to be made for extra days that the child attends other than those for which the child is enrolled. *Note: these days are by reservation only.*
- ✓ Payments made after the first day of the week that your child attends will have \$5 late fee added.
- ✓ Payments may be made by check. We reserve the right to specify "cash only" if there is a problem collecting checks. Payments may also be made in cash at any time.
- ✓ Payment will be made whether or not the child is in attendance as long as the child is enrolled in the program. A child is considered enrolled until the parent notifies the director of intention to withdraw.
- ✓ No "vacation weeks" are granted. When we are closed for holidays, the weekly fee will be pro-rated accordingly and you will be advised.
- ✓ White Oak Child Development Center/Kindergarten reserves the right to refuse services for non-payment as listed above.
- ✓ White Oak Child Development Center/Kindergarten reserves the right to remand unpaid balances to an independent collection agency.

Print Mother's Name \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Father's Name \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

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 annually thereafter, 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)

\_\_\_\_\_  
(Phone)

Emergency Care Provider: \_\_\_\_\_  
(Emergency Facility Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone)

Dental Care Provider: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone)

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)

# White Oak Baptist Kindergarten and Child Development Center

## Discipline Policy

Discipline originates in love for the child and the desire to see him/her develop a character that is pleasing to God. Consistent, clear rules derived from the Word of God [the Bible] concerning personal behavior, relationships to others, respect for property, etc. are explained to the children in terms they can understand.

There are of necessity limits and goals that must be set. In maintaining these guidelines, teachers and staff use positive techniques of guidance, redirection, reinforcement, and encouragement.

If necessary, children may be timed out to regain their composure and cooperation so that they may reenter the group in a positive manner. The time out location is in proximity to the group and under the supervision of teacher or staff. On occasion it might be necessary to have the child in time out in the director's office in order for the rest of the group to continue with an activity uninterrupted or in order for the child to compose himself/herself.

In the event that the child's behavior is disruptive to the care and education of the class or group and/or presents a danger to himself/herself or others, or if the child defiantly refuses to cooperate with his/her teacher(s), the parent(s) will be contacted and asked to remove the child for the rest of the day. If the pattern continues without improvement, the parent(s) will be notified that the child may no longer continue in this setting.

No form of corporal punishment is given by teachers or staff. Food, bathroom privileges, and other necessities are never withheld as punishment.

Teachers and parents are encouraged to work closely together and communicate positively in the best interests of the child in the area of discipline as well as in other areas of growth and development.

As the parent(s) of \_\_\_\_\_, I/we acknowledge that I/we have reviewed the policy stated above and are in agreement with it in letter and spirit. I/we will do my/our part to see that my/our child is a positive influence at White Oak Baptist Kindergarten/Child Development Center.

If the custody/guardianship of the child is shared [whether or not the parents live together] **both** parents must sign this statement.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Parent's Guide Statement

Please familiarize yourself with the policies and procedures found in the Parent's Guide for our White Oak Baptist Weekday Early Education program and sign the following statement. It must be included in your application packet.

I/We acknowledge that I/We have received a copy of the Handbook for Kindergarten/CDC and that I/we and my/our child will abide by its policies and procedures.

Child's Name \_\_\_\_\_

Print Father's Name \_\_\_\_\_

Father Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Mother's Name \_\_\_\_\_

Mother Signature \_\_\_\_\_ Date \_\_\_\_\_

Dear Parents,

Your expressed preference will be honored. If you do not express a preference, we will automatically exclude your child. Verbal consent is not sufficient.

Thank you.

*Mora Vernon*

Director

---

Child's Name \_\_\_\_\_

\_\_\_\_\_ I give permission for my child to have his/her picture taken for school projects. (For example: scrapbooks, field trips, teacher projects for the classroom)

\_\_\_\_\_ I prefer that my child's picture not be taken for school projects.

\_\_\_\_\_ I give permission for my child to appear in photographs, videotapes, slideshow, and other visual depictions representing White Oak Early Education. I understand that such depictions shall be in keeping with the Christian philosophy and practices of this ministry, and shall be used solely for non-commercial purposes.

\_\_\_\_\_ I would prefer that my child not appear in any visual depictions for White Oak.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_