

SOUTH AIKEN BAPTIST DAYCARE APPLICATION AND RATE SHEET



Ministry of South Aiken Baptist Church
980 Dougherty Road • Aiken, South Carolina 29803
Daycare (803) 648-7871 • Fax: (803) 643-9533

CHECK SHEET

- _____ DSS Form 2900
- _____ Payment Selection Form
- _____ Biting Procedures
- _____ Regulations
- _____ Discipline Policy
- _____ Child Enrollment Form
- _____ Family Registration
- _____ Parent/Guardian Information
- _____ Financial Contract
- _____ Daycare Rate Sheet

- _____ \$75.00 Application Fee, 6 weeks through 3 year old daycare program
- _____ \$50.00 one time cot fee, 2-3 year daycare program
- _____ \$50.00 one time cot fee, 3K-4K, new student aftercare
- _____ \$125.00 Yearly materials, supplies, curriculum, and technology fee, 6 weeks - 3 years old
- _____ \$50.00 Yearly maintenance fee – full time daycare child
- _____ \$35.00 Yearly maintenance fee – part time daycare child (before and/or after school care)

Student Name: _____ Date: _____

Daycare Director Name: _____

Parent Name: _____

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: SOUTH AIKEN BAPTIST DAYCARE

County: AIKEN

Address: 980 Dougherty Road, Aiken, SC 29803

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address - no Post Office Boxes 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** **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 SOUTH AIKEN BAPTIST DAYCARE.

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Daycare Director/Operator/Staff Designee



SOUTH AIKEN BAPTIST DAYCARE

980 Dougherty Road • Aiken, South Carolina 29803

(803) 648-7872

“And all thy children shall be taught of the Lord.” Isaiah 54:13

DAYCARE APPLICATION

PAYMENT SELECTION FORM

Name of Child(ren): _____

Age of Child(ren): _____

Please indicate below your billing choice and sign, date.

____ Weekly (see rate chart for age/grade rates)

____ Before school only – Weekly Rate \$47.00 per child

____ Before/after school 3K – 12th grade (see rate chart)

____ Summer – All ages when the academic school year ends and summer break begins

I /We have read and understand the explanation related to the package we have chosen and the promptness of payments. I/We specifically understand that credit has already been given for the days that the daycare will not be open. We bill Mondays for that week of service.

I/We agree to abide by the schedule of payments as outlined.

Any Daycare account that becomes 30 days past due will result in the child(ren) being withdrawn from our care. The child(ren) will be allowed to return only when the account becomes current.

Parent/Guardian: _____ Date: _____

E-mail address: _____ Social Security Number: ____ - ____ - ____

Parent/Guardian: _____ Date: _____

E-mail address: _____ Social Security Number: ____ - ____ - ____

Signature of Person Financially Responsible: _____

E-mail address for correspondence: _____



SOUTH AIKEN BAPTIST DAYCARE

980 Dougherty Road • Aiken, South Carolina 29803

(803) 648-7872

“And all thy children shall be taught of the Lord.” Isaiah 54:13

Dear Parents,

“Bite” is a word that brings to mind all forms of fears and worries. We try to catch the deeds before they happen; however, it is not always possible. Children, especially toddlers, are not always very verbal and do not or cannot verbalize feelings physically. As they grow older, with our help and guidance, they will learn to replace biting with appropriate responses.

There are no panaceas. If your child bites all it means is that he or she has found this to be an effective response. Biting is usually provoked. Some children choose biting, pushing, or other responses. Some never do any of these. A lot of it comes down to personality, reinforcement, environment, or chance.

This problem has never failed to come up in almost every classroom. We are not alone in trying to cope with this problem. Understanding and support for the other parents, children, and teachers can only help. No one wants their child to bite or to be bitten. Neither does anyone want their child to hit or be hit. These are normal children demonstrating typical behavior and the best we can do is to help one another while the children grow past these undesirable traits.

BITING PROCEDURE

Written notification will be given to both children’s parents concerning the biting incident. A copy of this notification will be given to the Daycare Director to be filed in each child’s file record.

Time out will be used to redirect this undesirable behavior. The biter will also be made aware of the hurt he/she has caused their classmate.

The frequency and circumstances of each biting occurrence will be monitored by the Daycare Director. Another plan of behavior management may be recommended at the discretion of the Director.

I have read the above information carefully and fully understand the procedures that will be followed.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



SOUTH AIKEN BAPTIST DAYCARE

980 Dougherty Road • Aiken, South Carolina 29803
(803) 648-7872

“And all thy children shall be
taught of the Lord.” Isaiah 54:13

REGULATIONS

1. All fees are to be kept current. If the account is 30 days past due, it will be necessary to terminate the child’s enrollment in daycare.
2. If your child is sick with a fever, communicable disease, rash, vomiting, or related stomach disorder, he/she is not to be brought to daycare. If the child becomes ill at Daycare and a temperature of 101 is reached, the parent will be called to come and pick the child up. Our policy is that a child with a fever of 101 will be sent home and may not return until the child has been fever free for 24 hours with no medication. Strict adherence must be paid to our policy of “UNMEDICATED fever-free and/or UNMEDICATED symptom-free for 24 hours before returning to daycare.” This is not only for your child’s health and welfare but also for the health and welfare of all.

Definition of a Fever:

Temperature of 100.4 or higher

Temperature of 100 or higher when accompanied by other indicators of illness, e.g.:

- ◆ known exposure to communicable illness
- ◆ headache
- ◆ nausea, vomiting, and/or abdominal pain
- ◆ symptoms of upper respiratory or other infection

If your child is absent and you know he has something contagious, please call the Daycare Office and let us know so we can let others know to watch for symptoms.

The Daycare Director may contact you if your child’s temperature is elevated but under 100 F to advise you that the child is not feeling well. However, it is not mandatory that the child be sent home unless they are exhibiting fever of 101 F and/or symptoms that may expose others to a possible illness.

A child may be sent home even if he does not have a fever. Fever is not the only indicator of a contagious infection or illness. If we err, we do so with the best interests of our children in mind and to ensure the health and well being of our children, staff and faculty.

3. If you have taken your child to the doctor and he/she is put on an antibiotic, he/she must not return to Daycare until he/she has been on the medication for a minimum of 24 hours.
4. If you have medicine to be given to your child, please sign the medicine book with instructions. The book is located in the Daycare Directors office. Please be sure to have your child’s name on the bottle.
5. We welcome parents to visit their child’s classroom. If you would like to visit your child’s classroom, please sign in with the Daycare Director and advise her you would like to visit. You are always welcome!

6. All clothing such as coats, hats, gloves, sweaters, blankets, and any removable clothing should be labeled with your child's name. Please provide a complete change of clothing for your child.
7. Please feed your child breakfast before coming to Daycare each morning. Regretfully, we do not have the facilities for serving breakfast. It can become a problem if children come to Daycare with an empty stomach.
8. When entering and leaving the parking lot please do so with extreme caution. Please hold your child's hand and do not allow them to go to the car alone. Always remember to protect your child by using a car seat or seat belt.
9. Our hours of operation are 6:00 a.m. until 6:00 p.m. A fee of \$5.00 per minute, per child, will be charged for all children being picked up after 6:00 p.m. and is due when you pick your child up.

I have read and understand the regulations sheet and agree to abide by the rules outlined.

Childs Name: _____ Date of Birth: _____

Parent Guardian Signature: _____ Date: _____



SOUTH AIKEN BAPTIST DAYCARE

980 Dougherty Road • Aiken, South Carolina 29803

(803) 648-7872

“And all thy children shall be taught of the Lord.” Isaiah 54:13

DISCIPLINE POLICY

The South Aiken Baptist School Board does not permit the use of corporal punishment at South Aiken Baptist Daycare.

The following guidelines will be implemented at our center.

1. The child is first spoken to about his/her undesirable behavior. The daycare teacher will explain the consequences of their actions.
2. “Time Out” is used when the negative behavior is continued. Time away from the group will allow the child an opportunity to reflect upon his/her actions.
3. If “Time Out” does not achieve the desired results, the Daycare Director or his/her designee will be called to speak with the child. At the discretion of the Daycare Director or his/her designee, the parent/guardian may be contacted at this point.
4. If all of these steps fail to produce positive results, the parent/guardian will be called to discuss possible removal of the child from daycare.

I/We have read, understand and agree to abide by the rules and regulations outlined above.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



SOUTH AIKEN BAPTIST DAYCARE

980 Dougherty Road • Aiken, South Carolina 29803

(803) 648-7872

"And all thy children shall be taught of the Lord." Isaiah 54:13

CHILD ENROLLMENT FORM

Date ____/____/____

Child's Name _____

Last

First

Middle

Called

Birth Date: _____ Gender: ____ Male ____ Female Height: _____ Weight: _____

What time of day may we expect your child to arrive and to depart? This is important in planning for adequate staff to care for your child.

Monday ____ - ____ Tuesday ____ - ____ Wednesday ____ - ____ Thursday ____ - ____ Friday ____ - ____

Allergies or Food Restrictions? If yes, please list: _____

Prescribed Medications? I yes, please describe: _____

Mobility Limitations? If yes, please describe: _____

Physical, Emotional, Learning, or Other Limitations? If yes, please describe: _____

Please initial indicating that all known special needs and restrictions of your child to be enrolled have been disclosed. _____

Indicate by "Y" (yes) or "N" (no) if the child has had the following diseases. { } Chicken Pox { } Measles { } Mumps

Name and Phone Number of Hospital Preferred _____

Name, Phone Number, and Relation to Child of other persons to contact if parent(s)/guardian(s) cannot be reached:

1) _____

2) _____

3) _____

SABDC has permission to give the following medications as indicated by parent/guardian initials.

PARENT/GUARDIAN INITIALS REQUIRED: _____ Children's Tylenol _____ Cough Syrup

Please list names and ages of other children in the family

Comments:

FAMILY REGISTRATION FORM

Emergency Contacts & Authorized Pickup

In addition to the parents, list all individuals permitted to pick the child up from SABDC. Children will not be allowed to leave the daycare with anyone that is not listed. It is assumed that any parent may pick up his or her own child. If one of the parents is not to pick up the child, the responsible party must contact the Daycare Director AND provide legal papers with specific confirmation of this.

<i>NAME</i>	<i>RELATION</i>	<i>PHONE #(s)</i>

Comments:

PARENT / GUARDIAN INFORMATION AND FINANCIAL CONTRACT

Date: _____

Student's Name: _____

If parents are divorced or separated, with whom does the child live? _____

Parent Name _____

() Mother () Father () Legal Guardian

[] Married [] Separated [] Divorced [] Widowed [] Single

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

(if different than mailing address)

City _____ State _____ Zip _____

Home Phone _____

Mobile Phone _____

Work Phone _____

Pager Number _____

Occupation _____

Place of Employment _____

Church _____

Pastor _____

Parent Name _____

() Mother () Father () Legal Guardian

[] Married [] Separated [] Divorced [] Widowed [] Single

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

(if different than mailing address)

City _____ State _____ Zip _____

Home Phone _____

Mobile Phone _____

Work Phone _____

Pager Number _____

Occupation _____

Place of Employment _____

Church _____

Pastor _____

LEGAL PAPERS ARE REQUIRED TO BE ON FILE WITH THE SCHOOL OFFICE IF:

(1) the child has a legal guardian other than his/her parent;

(2) parents are divorced or separated and one parent is prohibited from picking the child up from school; and/or

(3) one parent has limited access to the child and/or school records.

FINANCIAL CONTRACT

This Agreement is between SABCDC and (Parent/Guardian): _____

In consideration of said enrollment, Parent/Guardian agrees as follows:

1. I/We understand that Daycare payments are due weekly or in full by the end of the current month and will be considered past due if not received by the end of the current month. We bill Mondays for that week of service.
2. **The finance office does not send invoices. All fees and/or weekly payments are due by the end of the current week. If payments are not received, in full for the current month, by the end of the current month an additional late fee of \$15 per child will be assessed.**
3. I/We agree to pay the applicable fees for the year as listed on the Daycare Fees/Rates.
4. There will be a charge of \$35 for checks returned to the Daycare. After two returned checks, all payments will be on a money order or cash basis only.
5. An account reaching 30 days past due will result in child being prohibited from attending until the account is current. Should SABCDC have to pursue payment through any form of collection; the parent/guardian will be obligated to pay the outstanding balance, including late fees, plus any legal expenses incurred. A collection account could result in a negative reporting to the credit bureau.
6. Cash payments must be made in the office. A receipt MUST be written. Although the Daycare has a record of all cash payments, it is necessary for the parent/guardian to keep all receipts for verification of cash payments.
7. Yearly maintenance and materials fees will be assessed on January 1st of the current year.

I/We have read all information contained in the Application for Enrollment and understand the Daycare’s policies on Admissions. I/We have read the Financial Contract carefully and hereby agree to the terms prescribed above.

Parent/Guardian Signature: _____

Social Security Number: ____ - ____ - ____ Date: _____ E-Mail Address: _____

Parent/Guardian Signature: _____

Social Security Number: ____ - ____ - ____ Date: _____ E-Mail Address: _____

Signature of Financially Responsible Person: _____

Social Security Number: ____ - ____ - ____ Date: _____

Provide one primary email address for school correspondence. Please print clearly.

Email Address: _____

MINISTRY DISCOUNT INFORMATION: Are you or your spouse an ordained, full-time active Pastor, Associate Pastor, Youth Pastor, or Minister of Music? _____ If yes, where are you employed? _____

(Please submit a letter from your church, on church letterhead, stating your position and include a copy of your ordination certificate in order to be considered for a ministerial discount.) **The Pastoral Staff of South Aiken Baptist Church approves ministerial discounts.**



"And all thy children shall be taught of the Lord." Isaiah 54:13

SOUTH AIKEN BAPTIST DAYCARE
 980 Dougherty Road • Aiken, South Carolina 29803
 (803) 648-7872

DAYCARE RATES

FEES: All fees are non-refundable.

- A one-time application/registration fee of \$75.00 is required for each new child entering our 6 weeks-3 year old daycare program.
- A one-time cot fee of \$50 is required for each new child entering our 2-3 year old daycare program and each new 3K-4K school student staying for aftercare. This fee is for the use of a daycare cot during naptime.
- A \$125.00 per year materials & supplies, curriculum and technology fee is required for all children in our 6 weeks-3 year old daycare program, billed January 1st.
- A \$50.00 per year maintenance fee is required for each full-time daycare child, billed January 1st.
- A \$35.00 per year maintenance fee is required for each part-time (includes Before School and/or After School) daycare child, billed January 1st.
- There is a \$35.00 service charge for any returned check.
- **A \$15.00 late fee will be assessed after an account is over 10 days past due**

RATES:

- Before School Only – Weekly Rate \$50.00 per child
- Late Pick-Up – **\$5.00 per minute is charged for any child picked up after 6 p.m.**

Children 3 and Under (Price Includes Lunch)	
	WEEKLY
1 st Child	\$150.00
2 nd Child	\$140.00
3 rd and Each Additional Child	\$130.00

3K-4K Before School and After School Care (Price Includes Lunch)	
	WEEKLY
1 st Child	\$120.00
2 nd Child	\$115.00
3 rd and Each Additional Child	\$105.00

5K-12th Grades (During School Year)	
	WEEKLY
1 st Child	\$90.00
Each Additional Child	\$85.00

Summer – All Ages (Price Includes Lunch) When school ends and Summer break begins.		
1 st Child	2 nd Child	3 rd and Each Additional Child
\$150.00 WEEKLY	\$140.00 WEEKLY	\$130.00 WEEKLY

Revised 2-6-2020