



SOUTH AIKEN BAPTIST DAYCARE

980 Dougherty Road, Aiken, SC 29803

(803) 648-7872

DAYCARE APPLICATION

PAYMENT SELECTION FORM

Name of Child(ren): _____

Age of Child(ren): _____

Please indicate below your billing choice, sign, and date below.

_____ Weekly \$150 per week

_____ Before school only - Weekly Rate \$50 per child

_____ Before/After school 5K-12 years old \$120 per week

_____ Summer (affiliated with the school) \$150 per week

_____ Summer (not affiliated with the school) \$175

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

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Any daycare account that becomes 30 days past due will result in the child(ren) being withdrawn from our care.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: _____



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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 100.5 is reached, the parent will be called to come and pick up the child. Our policy is that a child with any of the above will be sent home and will not be allowed to return until they are symptom free for 24 hours with no medication. Strict adherence must be paid to our policy of "UNMEDICATED fever-free and/pr UNMEDICATED symptom-free for 24 hours before returning to daycare". This is not only for your child(ren)'s health and welfare but also for the health and welfare of all.
If your child is absent and you know they have something contagious, please call the Daycare Office and let us know so that we can let others know to watch for symptoms. The Daycare Director may contact you if your child's temperature is elevated but under 100.5 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 a fever of 100.5 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.
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 give it to the Director or Assistant Director so that they may enter it into the Medication Log. You will also need to sign the medicine log and ensure directions are written correctly. All information, including your child's name, must be 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. We will provide a small morning snack but we are unable to provide a full 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 all the rules outlined.

Child's Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____



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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: _____



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RATES/FEEES

All fees are non-refundable.

- A one-time application/registration fee of \$75 is required for each new child entering our 6 weeks to 3 year old daycare program. This fee is required in order to hold any spots on a waitlist if needed.
- A one-time cot fee of \$50 is required for each child entering our 1-3 year old program and each new 3k-4k school student staying for aftercare. This fee is for the use of a daycare cot during naptime.
- \$20 Yearly Incidental Billing Fee
- A \$125 per year materials, supplies, curriculum and technology fee is required for all children in our 6 weeks to 3 year old daycare program, billed January 1st.
- A \$50 per year maintenance fee is required for each full-time daycare child, billed January 1st.
- A \$35 per year maintenance fee is required for all before/after school children, billed January 1st.
- Any child that is not affiliated with SABCS and attends daycare during the summer and school breaks will be charged the following fees: \$75 application fee, \$75 materials fee, and \$35 maintenance fee.
- There is a \$35 service charge for any returned checks.
- A \$15 late fee will be assessed after an account is over 10 days past due.

RATES:

- Before School Only - Weekly rate \$50 per child (6:00 am until school begins)
- Late Pick Up - \$5 per minute is charged for any child picked up after 6 pm.
- Hourly Rate - \$10/hour per child for "emergency" use
- Lunch is \$3 per day unless a child brings their own. (Breakfast and Afternoon Snack will be provided). Lunch will be ordered the week before.

Children 3 and Under (Weekly)	
1st Child	\$150.00
2nd Child and Each Additional Child	\$140.00

3K and 4K Before and After School Care (Weekly)	
1st Child	\$120.00
2nd Child and Each Additional Child	\$115.00

5K- 12 years old (Weekly)		
	During School	Summers and Breaks
Children not attending SABCS	NA	\$175.00
1st Child	\$90.00	\$150.00
2nd Child and Each Additional Child	\$85.00	\$140.00

*Holidays and child absences shall be billed as if care had been provided.



Revised 5/26/2023

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CHILD ENROLLMENT FORM

Date: ___/___/___

Child's Name: _____
Last First Middle Called

Birth Date: _____ Gender: ___M___F Height: _____ Weight: _____

Hours of Attendance: M: ___-___ T ___-___ W ___-___ Th ___-___ F ___-___

Allergies/Food Restrictions: _____

Prescribed Medications: _____

Mobility Limitations: _____

Physical, Emotional, Learning, or Other Limitations: _____

Please initial indicating that all known special needs/restrictions of your child have been disclosed: _____

Indicate if your child has had the following diseases: () Chicken Pox () Measles () Mumps

Name and number of preferred hospital: _____

Name, Number, and Relation of other persons to contact if parent/guardian 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:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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FAMILY REGISTRATION FORM

Emergency Contacts and 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.

NAME	RELATION	PHONE

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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PARENT/GUARDIAN INFORMATION

Date: _____

Student's Name: _____

If parents are divorced/separated, with whom does the child live: _____

Parent Name: _____

Mother Father Legal Guardian

Married Single

Mailing Address: _____

Physical Address (if different from mailing address):

Home Phone: _____

Work Phone: _____

Place of Employment: _____

Church: _____

Pastor: _____

Parent Name: _____

Mother Father Legal Guardian

Married Single

Mailing Address: _____

Physical Address (if different from mailing address):

Home Phone: _____

Work Phone: _____

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 up the child from school; and/or
3. One parent has limited access to the child and/or school records.



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FINANCIAL CONTRACT

This agreement is between SABDC 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.
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 Form
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 60 days past due will result in the child being prohibited from attending until the account is current. Should SABDC 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 negative reporting to the credit bureau.
6. Cash payments must be made in the office. A receipt MUST be provided. 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. I/We understand that any attendance, even one day, in a week constitutes a full week.
8. 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: _____ Date: _____

Social Security Number: ____-____-____ Email Address: _____

Parent/Guardian Signature: _____ Date: _____

Social Security Number: ____-____-____ Email Address: _____

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.



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Biting Policy

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 which in turn can cause them to bite. As they grow older, with our help and guidance, they will learn to replace biting with appropriate responses.

This problem has never failed to come up in almost every classroom. Understanding and support for the other parents, children, and teachers can only help. No one wants their child to bite or to be bitten just as they do not want them to hit or to be hit. These are normal behaviors for young children as they grow and learn appropriate responses. If we work together we can help them grow past these undesirable behaviors.

BITING PROCEDURE

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

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 Director.

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

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____