

**Dandelion Day School Contract**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Infant \_\_\_\_\_ Woddler \_\_\_\_\_ Toddler \_\_\_\_\_ Pr-K \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work# \_\_\_\_\_ Cell#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work# \_\_\_\_\_ Cell#: \_\_\_\_\_

I agree to enroll my child, \_\_\_\_\_ in Dandelion Day School, located at 2185 N. Fraser St. Georgetown, SC 29440 beginning \_\_\_\_\_. I have read the Parent's Handbook and agree to abide by the rules and regulations as stated. I agree to pay \$\_\_\_\_\_ per week for \_\_\_\_\_ days and understand that monthly tuition will be drafted from my account on the 25th of the month preceding the month care is provided. The amount due will be the weekly tuition times the number of Mondays in that month. I understand a deposit equal to one week's tuition \$\_\_\_\_\_ is due payable with this contract and will be applied towards the last week my child attends providing a 30-written notice has been given by me to the school's director prior to termination. If this notice is not given, the deposit will be forfeited and tuition due for that 30-day period will remain due. In the event I decide not to enroll my child in Dandelion Day School, after completion of this signed contract, I understand this deposit is nonrefundable.

My contracted hours and days are as follows:

Days: M T W TH F

Anticipated Drop off time: \_\_\_\_\_

Anticipated Pick up time: \_\_\_\_\_

**I understand the importance of keeping this schedule and realize that an additional late fee of \$1.00 per minute will be charged after 6:15**

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
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 as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: Dandelion Day School County: Georgetown

Address: 2185 N. Fraser Street Georgetown, SC 29440
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 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: \_\_\_\_\_ Dandelion Day School \_\_\_\_\_

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

**Authorized to Pick Up Form**

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

Persons authorized to pick-up my child (**They will need to provide a picture ID when picking up**):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Diaper Cream & Bug Spray Authorization**

I give Dandelion Day School permission to apply the following to my son/daughter

\_\_\_\_\_.  
**Child's Name**

**Diaper Ointment** (please provide) \_\_\_\_\_

Any known adverse reactions \_\_\_\_\_

Parental Instructions \_\_\_\_\_

**Bug Spray** (please provide) \_\_\_\_\_

Any known adverse reactions \_\_\_\_\_

Parental Instructions \_\_\_\_\_

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

**Medicine Policy**

We are not allowed to administer any prescription or non-prescription medication without written authorization from a parent and/or your child's physician. A medicine permission slip is available in the front office. This form must be signed, dated and have specific written instructions to include the name of the medication, time, and amount to be given and reaction to watch for. All medication and medicine slips must be left in the office.

**MEDICATION MAY NOT BE LEFT IN YOUR CHILD'S BOOK BAG/DIAPER BAG.**

- 1. Prescription Medication:** All prescription medicine must have your child's name on it, be in the original prescription bottle/box with the prescription label, and the medication must be current. Can not be expired/out of date.
- 2. Non-Prescription Medication:** Non-prescription medication can be administered with parental permission if your child falls within the medication age and weight guidelines clearly marked on the container. A note from your child's physician is required for non-prescription medication that does not follow these guidelines.

I have read and understand the above medication policy.

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Emergency Medical Treatment Form**

I/we \_\_\_\_\_ hereby give my/our permission to Dandelion Day School to call a doctor or emergency squad for my/our child \_\_\_\_\_ should an emergency arise. If necessary, medical transport will be provided accompanied with a Dandelion Day School staff member until parent/guardian arrive. It is understood that a conscientious effort will be made to locate me/us before medical action will be taken, but if this is NOT possible, the expenses of emergency medical care or treatment will be accepted by me/us.

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

**Dandelion Day School  
2185 N. Fraser St.  
Georgetown, SC 29440  
843-981-9828**

**Discipline Policy**

Since discipline involves teaching children appropriate behaviors, the primary method of discipline used at Dandelion Day School is positive guidance. All staff members will model appropriate behaviors, minimize the use of negatives and follow guidelines when working with all children.

1. Redirecting behavior or offering another activity.
2. Encouraging positive strategies.
3. Offering conflict resolution techniques, such as a "we have a problem, what can we do about it?"
4. Reinforcing positive choices.
5. Individualized attention to help the child deal with a particular situation.
6. Time-away: removing a child for a few minutes from the area/activity so they may gain self-control.
7. "Catch the child being good" we respond to and reinforce positive behavior; we acknowledge or praise to let the child know we approve of what he/she is doing.

The child will be taught obedience through positive reinforcement which will help him/her to develop a healthy respect for self and others. The child will be guided to understand that even though his/her behavior was unacceptable, he/she is still loved and cared for. If deliberate disobedience continues, or the child is consistently disruptive or destructive, Dandelion Day School reserves the right to disenroll a child who cannot respond to our discipline. However, our intent is always to work with parents for a successful outcome.

**DANDELION DAY SCHOOL DOES NOT PERMIT CORPORAL PUNISHMENT.** In addition, staff are prohibited from using the following methods of discipline: hitting, shaking, restricting a child's movement, inflicting mental or emotional punishment, depriving a child of meals or snacks.

I have read and understand the above discipline policy.

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

**Dandelion Day School  
2185 N. Fraser St.  
Georgetown, SC 29440  
843-981-9828**

Dandelion employees will not be allowed to babysit students at any time, including during breaks when the school is closed. This is an insurance requirement.

I agree to adhere to Dandelion Day School's no private babysitting policy for my child.

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Parent / Legal Guardian Signature                      Date

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Administrator's Signature                                      Date



# All About my Child

Name: \_\_\_\_\_

Please answer these questions to help us get to know your child

• How is your child's temperament? Tantrums? \_\_\_\_\_

• Calm down technique? \_\_\_\_\_

• Does your child enjoy working with others or alone? \_\_\_\_\_

• How does your child sleep? Do they need anything to help fall asleep? Take naps? \_\_\_\_\_

• How is your child's eating habits? \_\_\_\_\_

• Is your child toilet trained, or potty training? \_\_\_\_\_

• How does your child do with bottles? \_\_\_\_\_

• Does your child use a pacifier? If so, how often? \_\_\_\_\_

• Comments, anything else we should know \_\_\_\_\_

• Does your child have any allergies? \_\_\_\_\_

• Who does your child live with? \_\_\_\_\_

Siblings? \_\_\_\_\_ Pets? \_\_\_\_\_

Favorite toy \_\_\_\_\_ Book \_\_\_\_\_ Color \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_

Foods your child dislikes? \_\_\_\_\_

## Photo Release Form

I grant Dandelion Day School, its representatives, and employees the right to take photographs and videos of my child for promotional purposes. I authorize Dandelion Day School, its assigns, and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Dandelion Day School may use such photographs and videos of my child for any lawful purpose, including publicity, illustration, advertising, and social media.

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

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



### **Nut Free Policy**

Dandelion Day School strives to be a nut free environment. It is a policy that needs to be taken quite seriously because of its extremely dangerous consequences.

Nut allergies can be life threatening. It takes only the slightest smell, touch, or ingestion of peanuts, peanut butter, peanut oil, or product that may contain traces of peanuts.

Our first priority is to ensure the safety of all children here at Dandelion Day School. As part of our nut free policy we ask that you keep in mind when sending lunches, snacks, treats for classroom parties or anything else that may require you to bring food for your child/children to school. Please read all labels of prepacked products when sending them to school.

I understand that Dandelion Day School is a Nut Free School and I will abide by all rules and guidelines.

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Name of Parent / Legal Guardian (please print)

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Date

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Signature of Parent / Legal Guardian

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Date



# Automated Payment Processing Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express<sup>®</sup>—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) Dandelion Day School to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. \_\_\_\_\_ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

#### SECTION B (Bank Account)

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_ Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_  Checking  Savings

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

#### For Official Use Only

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

Employee Signature \_\_\_\_\_



A service of

