



**2020 Child Information Form**

Child's Full Name:

\_\_\_\_\_

(first) (middle) (last) (nickname)

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_

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#: \_\_\_\_\_

Marital Status of Parents/Guardians: **MARRIED** **DIVORCED** **SEPARATED** **OTHER**

Previous School Attended (if any): \_\_\_\_\_

**EMERGENCY CONTACT: TWO PEOPLE MUST BE LISTED** (These people will assume responsibility for your child in an emergency if we are unable to contact the parents):

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

***Permission is granted to meet the needs of my child in case of an emergency: (Please sign below)***

Parent Signature: \_\_\_\_\_

**Please indicate below how your child will be attending our center: (Check all that apply)**

- **Full-time:** All children can attend the center at a full-time status. **Please note, this is the ONLY option for children enrolled in Infant through age 3.**
- **M/W/F Part-time:** Available for children ages three and up only.
- **T/TH Part-time:** Available for children ages three and up only.

**For Office Use Only:**

Date of Enrollment: \_\_\_\_\_

Registration Fee Total: \$ \_\_\_\_\_ Paid by: Cash      Check      CC

Receipt or check #: \_\_\_\_\_



**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 Smart Cookies Early Childhood Center 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 Signature

\_\_\_\_\_  
Date



## Discipline & Medicine Policy

### Discipline Policy

Since discipline involves teaching children appropriate behaviors, the primary method of discipline used at Smart Cookies Early Childhood Center 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 “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 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, Smart Cookies Early Childhood Center 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.

**SMART COOKIES EARLY CHILDHOOD CENTER 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

### 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 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 reactions 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.
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 discipline and medication policies.

\_\_\_\_\_  
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 Smart Cookies Early Childhood Center to call a doctor or emergency squad for my/our child \_\_\_\_\_ should an emergency arise. 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



**Photo Release Form**

I grant Smart Cookies Early Childhood Center, its representatives and employees the right to take photographs and video of my child for promotional purposes. I authorize Smart Cookies Early Childhood Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Smart Cookies Early Childhood Center may use such photographs and video 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

Smart Cookies Early Childhood Center 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 a product that may contain traces of peanuts.

Our first priority is to ensure the safety of all children here at Smart Cookies Early Childhood center. 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 to school.

I understand that Smart Cookies Early Childhood Center 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





**Contract**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Infant \_\_\_\_\_ Woddler \_\_\_\_\_ Toddler 1 \_\_\_\_\_ Toddler 2 \_\_\_\_\_ PK-1 (3 year olds) \_\_\_\_\_ PK-2 (4year olds) \_\_\_\_\_

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 Smart Cookies Early Childhood Center, located at 1717 Savannah Hwy, Charleston SC 29407 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 25<sup>th</sup> 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-day 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 Smart Cookies Early Childhood Center, after completion of this signed contract, I understand this deposit is non-refundable.

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 pm**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date