

REGISTRATION PACKET



Welcome to **Unlimited Hands-On Science**! To provide you and your family with the best services, we need the following information at enrollment:

- Enrollment form with Copies of Photo ID
- DSS Form 2900 (General Record & Statement of Child's Health for Admission)
- Service Agreement
- Academy Policies
- Discipline Policy
- General Liability and Waiver
- Privacy Permission Agreement
- Pick Up Authorization
- Transportation Authorizations
- Medical Information and Consent to Medical Care
- Immunization Form (**Copy From Parents**)
- Emergency Consent Form
- Emergency Contacts and Permission to Drop Off
- Items needed for Enrollment (see separate sheet)
- \$40 Non-refundable registration fee per school year (**No Personal Checks**)



The following information is also available on our website, or please request a copy:

- | | |
|-------------------------|--------------------------------|
| • Academy Policies | • Discipline Policy |
| • Parent Handbook | • General Liability and Waiver |
| • Emergency Action Plan | • FULL Registration Packet |

You can find us on the web at: www.unlimitedhandsonscience.org. You can access our upcoming events, and lots of other useful information. Thank you so much for your interest in Unlimited Hands-On Science. We look forward to serving you and your family soon!

Sincerely,

Maegan McBride, Director

Unlimited Hands-On Science A.S.A.

9005 Two Notch Road Suite 6

Columbia SC 29223

unlimitedhandsonscience@gmail.com

(803) 667-2396 or (803) 851-3838

Items Needed for Enrollment

After schoolers

- 1-UHS T-Shirt \$20.00/children \$25.00/adult
- 2-Packs of Clorox Wipes
- 1-Set of earbuds (personal use)
- 2-Packs of Clorox Wipes
- 1-Box of Kleenex
- 1- Pack of 24ct pencils
- 1-pack of notebook paper
- 1-pk of copy paper
- 1-Can of Lysol

SERVICE AGREEMENT 2017-2018

Name of Child: _____ (First, Middle, Last) Date entered Care: _____

Birth date: _____ Nickname: _____ Age of Entry: _____

Parent's or Guardian's Name: _____ (First, Middle, Last)

I hereby enroll and agree to pay for my child's schedule and programs as listed below. I understand that I am reserving this space for my child, agree to pay the fees set forth below for that space and understand that I will **NOT** receive a refund when my child misses a day (i.e. for illness, vacation, etc.).

I understand that this agreement incorporates, and is subject to, the policies and procedures of Unlimited Hands-On Science including all terms and conditions outlined in the **Payment Policy, Crisis and Disaster Handbook** and the **Parent Handbook**.

Classroom: (circle)	Infant	Toddler	Preschool	Kindergarten	After-School (if interested in more than one, please circle both)	
Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday	
Arrival						
Departure						

Program/Fees:	Cost:
Registration Fee	\$40.00 (One Time; NON-REFUNDABLE per year)
Educational Program	
•Ages 3 Years (not potty trained)	\$155 per week until fully potty trained
•Ages 3 Years	\$145 per week
•Ages 4 Years-potty trained	\$135 per week
After-School Program	
•School Age only-FT	\$65 per week (includes transportation from school to academy)
•School Age only-PT	\$45 per week(3 days)
•3 and 4 year olds registered with CDC	\$45 per week(PT and FT are same rate)
Other Services	
•Private Tutoring	\$20/hour (all subjects K-12)
•Daily Drop In Fee	\$25.00 per day
•Transportation Fee	\$5.00 per child/per trip
• Activity Fee	To be provided in writing to parents prior to activity.

Parent/Guardian Signature: _____ Date:_____

UHS ACADEMY 2017-2018 PROGRAM ENROLLMENT APPLICATION

Name of Child: _____ Date entered Care: _____
(First, Middle, Last)

Birth date: _____ Nickname: _____ Age of Entry: _____

Allergy Alert: Does your child have allergies? Yes No To What? _____

Parent(s) or Guardian(s) Contact Information:

Name: _____ Relationship: _____

Home address: _____ Home Phone: _____

Employer/Worksite/hours: _____ Work phone: _____

E-mail Address: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home address: _____ Home Phone: _____

Employer/Worksite/hours: _____ Work phone: _____

E-mail Address: _____ Cell Phone: _____

Other Children in the Household:

Name/Nickname of child: _____ Age: _____ Sex: _____

Name/Nickname of child: _____ Age: _____ Sex: _____

Name/Nickname of child: _____ Age: _____ Sex: _____

Name/Nickname of child: _____ Age: _____ Sex: _____

Name/Nickname of child: _____ Age: _____ Sex: _____

We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents. These people are also authorized to pick up your child from the facility. Please list all phone numbers appropriate: (These people will need to show photo ID before they will be allowed to pick up your child.)

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child? If yes, please list his/her name and attach the required documentation.

Name _____

Relationship to the child _____

Are there custody arrangements we need to be aware of?

*****I understand that fees are payable in advance of services. I understand that no refunds will be given for any reason. Should I wish to withdraw my child from the program, I agree to give **two weeks written notice prior to the last day to the office**. If notice is not received as stated above, **two weeks will be charged!**

Medical Information

Name of Child: _____ Date entered Care: _____
(First, Middle, Last)

Birth date: _____ Nickname: _____ Age of Entry: _____

Medical Information:

Medical Provider: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

Preferred Emergency Center: _____

Date of Last Exam: _____ Last Tetanus shot? _____ Blood Type: _____

Allergies: Does your child have any diagnosed allergies? (Please circle) YES or NO

If yes, please list all allergies:

Does your child have a plan of treatment for allergies? (Please circle) *** YES or NO

Describe _____

Disabilities: Does your child have any diagnosed disabilities (Please circle) YES or NO

If yes, please describe:

Does your child have a plan of treatment for their disabilities? (Please circle) *** YES or NO

Describe _____

****If your child has a plan for an allergy or a disability we must have a copy of the plan signed by their physician on file before we may provide care.****

Medications: Does your child take any prescription medications? (Please circle) YES or NO

If yes, please list name of medication and dosage your child takes (including any medication taken only at home): _____

****Medications must be current, have your child's name on it clearly and require a signed and dated "Medication Administration" Form or a prescription signed by your physician.****

Other pertinent Information/ Special Requests:

If your child has a special diet that is not to a medical reason, please describe:

Health Insurance Company:

Policy/group Number: _____

Policy Holder: _____ Policy Holder's SS#: _____

Parent/Guardian Signature: Date: _____ Date: _____

EMERGENCY MEDICAL CONSENT FORM

_____ has my permission to obtain emergency medical treatment for my child, _____ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

My insurance provider is _____

My child's medical record number is _____

Preferred hospital/treatment center _____

My child is taking the following medications _____

My child has the following allergies _____

_____ I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care. _____

Signature of Parent or Guardian Date



UNLIMITED HANDS-ON SCIENCE PRIVACY PERMISSION AGREEMENT



Our first priority is to protect your family's health and safety. To ensure that we are operating with your full understanding and agreement about your privacy, we ask that you grant permission to conduct the following activities. Please check off each item to which you give your consent, and sign below:

- ☐ Placing photos of you, your spouse or co-parent and your children around the center.
- ☐ Giving copies of photos of you, your spouse or co-parent and your children taken at the facility to families in our care.
- ☐ Placing photos of you, your spouse or co-parent and your children in photo albums for viewing by prospective clients and families in our care.
- ☐ Using photos of you, your spouse or co-parent and your children in our marketing flyers.
- ☐ Using photos of you, your spouse or co-parent and your children on our Website and social media.
- ☐ Posting artwork and other crafts that include your children's names around our center.
- ☐ Using an electronic monitor to watch and listen to you, your spouse or co-parent and your children from another room while on the premises.
- ☐ Listing you, your spouse or co-parent and your children's names in our client newsletter and posting this information on our bulletin board.

Parent/Guardian Signature

Date of Signature

EMERGENCY CONTACTS AND PERMISSION TO DROP OFF AND PICK UP

Name_____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____ Address

Relationship:

Name_____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

Address _____ Relationship:

Name_____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

Address _____ Relationship:

Name_____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____ Address

Relationship:

Pick Up Authorization Form

The following people are authorized to pick up your child from the center in non-emergency situations - anyone other than the listed people must be called in to the office to make us aware. Everyone will be asked to provide a photo ID. These people may also be asked to tell us the code word that you provide below (not the same as the computer code)

CODE WORD: _____

1) Name: _____

Description: _____

2) Name: _____

Description: _____

3) Name: _____

Description: _____

4) Name: _____

Description: _____

MEDICATIONS

All medications MUST be labeled with the child's name and date. Medication Log must be filled out by parent/guardian with signature and date, dosage, and time to be given daily. Prescription drugs and other medications required by the child must be in the original container and clearly marked with the child's name and dosage schedule. By signing below, you understand the above statement and allow a UHSASA staff member to administer daily ONLY the medications logged-in.

Parent/Guardian Signature: _____

UHSASA Owner/Director Signature: _____

Transportation Release and Request

Child's Name (please print): _____

Parents (Guardian Name): _____

Phone: _____

This serves as written acknowledgement that Unlimited Hands-On Science will be making special arrangements (such as school bus, child care facility vehicle or walking) for a child that arrives/leaves without a parent. I am the parent or legal guardian of the above named child. I hereby release and agree to indemnify, defend and hold harmless Unlimited Hands-On Science, and their officers, agents and employees from and against any and all claims, liabilities, actions, judgments, damages, and injuries of any kind and nature whatsoever arising out of or in connection with the provision of transportation for my child according to the authorized schedule.

Transportation Policy

1. We will provide transportation to/from Unlimited Hands-On Science at no additional cost
2. We will provide transportation to/from home at a nominal fee.

Transportation/Walking Release and Request

Child's Name (Please Print): _____

Field trips and Walking excursions: (please initial)

I authorize my child to be taken on:

_____Field trips or other extra-curricular activities by UHSASA Bus or Van only

_____Walking excursions

Water Play

_____My child may participate in water activities other than swimming (ie. sprinklers, etc.) under required supervision

_____My child may participate in swimming and other water activities under required supervision at the Center only.

_____My child may participate in swimming and other water activities under required supervision at the Center and off-site.

Signature of Parent/Guardian

Print Name

Date

My signature below gives permission for the following:

In an emergency Unlimited Hands-On Science has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, the child is transported to nearest hospital and seen by the Doctor on call. (Parents are always notified as soon as possible).

My child may be given sunscreen, bug spray, anti-bacterial first aid cream and diaper ointment, as needed. Syrup of Ipecac may be administered if deemed necessary by the poison control operator. (All medications must be current and require permission slips for each medication).

I _____ (the natural parent or legal guardian), hereby give permission that my child, _____, may be given emergency treatment to include First Aid and/or CPR by a qualified child care staff member at Unlimited Hands-On Science. I further authorize and consent medical, surgical, and hospital care,

treatment and procedures to be performed for my child by my child’s regular physician, or when that physician cannot be reached, by a licensed physician or hospital, when deemed immediately necessary or advisable by a physician to safeguard my child’s health and I cannot be contacted. I waive my right of informed consent for such treatment. I also give my permission for my child to be transported by personal vehicle, ambulance or aid car to an emergency center for treatment.

Emergency Phone Numbers:

1. Number:		Location:		Ask for:	
2. Number:		Location:		Ask for:	
3. Number:		Location:		Ask for:	
4. Number:		Location:		Ask for:	
5. Number:		Location:		Ask for:	

Signature of Parent/Guardian

Date

Print Name



9005 Two Notch Road Suite 6, Columbia SC 29223
Tel: 803.667.2396 Tel: 803.851.3838
P.O. Box 30654 Columbia SC 29230

GENERAL LIABILITY WAIVER AND RELEASE

Liability Statement: I understand that participation in *Unlimited Hands-On Science's (UHS)* interscholastic and other voluntary after school programs includes risk of injury that may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school programs, it is impossible to eliminate the risk.

I/We understand that my child's participation in *UHS* after school programs is voluntary and that my child and I/we are free to choose not to participate. I/we consent to my child's participation in all of *UHS'* activities. I understand that Unlimited Hands-On Science, their employees, officers and agents will not be liable for personal injuries and/or property damage as a result of my child's participation in such programs or activities.

I/We, on behalf of myself and my minor child, agree to release, hold harmless and indemnify *Unlimited Hands-On Science* their employees, officers and agents, from any loss, cost, damage and/or expense of any nature, including all attorneys' fees and costs which I or my child may have resulting, either directly or indirectly, from my child's participation in *Unlimited Hands-On Science* voluntary athletic or extracurricular programs or activities.

I/We give permission for our son/daughter to participate in all activities, and do forever release *Unlimited Hands-On Science* and its teachers, staff, volunteers and agents from any and all actions, all known and unknown personal injuries or property damage of said minor arising out of said activities, and also all claims or right of action for damages which said minor has or hereafter may acquire.

Photo Release Statement: I hereby grant the *Unlimited Hands-On Science* permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I/We understand and agree that all photos will become the property of the *Unlimited Hands-On Science* and will not be returned. I/We hereby irrevocably authorize the *Unlimited Hands-On Science* to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I/We hereby hold harmless, release, and forever discharge the *Unlimited Hands-On Science* from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT THE RISK AND RESPONSIBILITY OF PARTICIPATION IN INTERSCHOLASTIC OR OTHER VOLUNTARY AFTER SCHOOL ACTIVITIES.

Parent's Signature: _____ **Date:** _____ In the event of an emergency, I hereby certify that I am the **parent/lawful** guardian of _____, and grant to **Unlimited Hands-On Science**, its employees and agents full authority to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety of my child and authorize them to obtain emergency medical or dental services for my child, if necessary, at my expense.

Parent's Signature: _____ **Date:** _____

Emergency Phone #: _____



PARENT HANDBOOK

Child Care Philosophy

The academy provides a developmentally based program in an environment designed especially for young children. ... The schedule and space is structured to allow children to pace themselves and select activities based upon their individual needs. My goal in providing quality child care for your child is to provide...

- ☺ A safe environment
- ☺ A nurturing environment
- ☺ A learning environment... learning is not necessarily the ABC's and 123's, but is also the learning of values. The learning of honesty, respect, self-reliance, and potential, self-discipline, and moderation, the values of being; dependable, love, sensitivity to others, kindness, friendliness and fairness are the values of giving.
- ☺ A proper approach to discipline... Since children occasionally need discipline, it is important that you and I share a similar philosophy so that your child is not too confused as to where the boundaries are and what is expected of him/her. Children are taught which behaviors are inappropriate, and why, and given alternatives that are acceptable. In this way, the behavior is being changed, without making the child feel "bad" or unloved. This helps develop their self-esteem, and teaches them how to handle difficult situations themselves in the future. I express my disapproval (without attaching character). I state my expectations and show your child how to make amends. I give choices, and in extreme situations a child may be given a "time out"; because at times a child may be having trouble making choices of their own and they just may need a couple of minutes to calm down, and think about their choices.
- ☺ And to foster unconditional love... this kind of love is very important to me because children should not grow up feeling that in order to be loved and cared for they must meet numerous conditions.

Communication is key to a successful child care arrangement. The parent and provider need to have a good working relationship so they can communicate and work together. Parent and provider need to exchange pertinent information in the child's life such as changes in routine, special events, or activities, as well as changes such as death, divorce, separation, moving, visitors, etc. All this information can be important in understanding the child's feelings, behavior, and well being.

I invite you to share with me in writing, by telephone, or schedule an appointment to talk about your concerns on any area that you feel I am neglecting and I will do my best to improve in that area.

Typical Activities

- Group Play: Singing, dancing, play acting, games, reading, listening to tapes (story and music), circle time
- Free Play: Children have a choice of - blocks, kitchen toys, dolls and accessories, duplos/legos, play sets, Household toys, pull/push toys, art materials, and may watch limited television or video tapes
- Language: Nursery rhymes, finger plays, stimulus pictures or objects to encourage verbalization, reading to the children, flannel boards
- Dramatic play: Dress up, role playing, puppetry, etc.
- Outdoor play: (weather Permitting) Swinging, climbing, riding toys, running, ball playing, gardening toys, trucks, strolling dolls, (please remember to dress your child appropriately for the weather, if in doubt, dress in layers or bring extra clothes)
- Special Days: Include Birthdays/holiday parties, getting ready for holidays, and holiday.

Typical Daily Routines

- ☺ Arrival and Greeting
 - ☺ Breakfast and clean up
 - ☺ Bathroom and/or diaper change and hand washing
 - ☺ Infants usually nap in the morning as well as the afternoon
 - ☺ Circle time (including calendar, songs, finger plays, story time etc.)
 - ☺ Arts and crafts or other learning activity
 - ☺ Bathroom and/or diaper change and hand washing
 - ☺ Outdoor play (weather permitting) or other large muscle activity
 - ☺ Hand washing
 - ☺ Lunch and clean up
 - ☺ Nap time
 - ☺ Bathroom and/or diaper change and hand washing
 - ☺ Snack and clean up
 - ☺ Free play
 - ☺ Calm down time and TV/VCR – Children’s programs (approximately a half an hour before pick up time)
 - ☺ Parents arrive to pick up children
- (Your child is released to my care after you leave the premises in the morning, and he/she is released to your care as soon as you walk in the door at pick up time)

Note Bathroom and /or diaper change times vary to meet the child’s needs. This is a general schedule and is dictated mostly by the children’s needs and feelings each day.

Policies and Procedures

If illness or other emergencies should arise during child care hours every attempt will be made to have a substitute provider care for your child so that I can remain open for child care. If substitute care is not available you will receive a phone call to pick up your child. Whenever possible medical and personal appointments will be made after child care hours however, if I must use child care hours to secure appointments every attempt will be made to have a substitute provider care. If a substitute is not available, I will have to close my child care home.

For your convenience, I will distribute my scheduled Child care closings for vacations and holidays within the first quarter of each year and every attempt will be made to minimize any changes in this schedule.

Paid holiday closings: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, Christmas Eve, Christmas Day.

When the holiday falls on a Saturday or Sunday, the acknowledged Federal/State holiday prevails; i.e. Christmas is on Sunday and the acknowledged Federal holiday is Monday December 26th.

Vacation closing: 10 paid vacation days per year; all other vacation days are not paid, if any occur.

Please respect that when my child care is closed for vacation, I am taking this time to rest and to be with my family or just to catch up on duties. I take my job very seriously and consider this to be a legitimate long term career. In order to accomplish this, I need this time out to maintain the energy level it takes to give your child the quality care he/she deserves.

I do reserve the right to close for any reason in which I cannot operate in a safe manner. i.e. loss of electricity, water, heat or in extreme circumstances loss of air conditioning, and medical epidemics. Child care fees are paid for any of these occurrences.

Discipline

I express my disapproval (without attaching character). I state my expectations and show your child how to make amends. I give choices, and in extreme situations a child may be given a “time out”; because at times a child may be having trouble making choices of their own and they just may need a couple of minutes to calm down, and think about their choices. ***No physical discipline is ever used in my care.***

Gross Misconduct:

I will communicate to you immediately if your child is frequently and deliberately causing harm to others and/or is frequently and deliberately destructive. This behavior is unsafe and will not be allowed – immediate termination will ensue if the behavior persists.

Child’s Health

The State of South Carolina requires that an age appropriate health appraisal be on file for each child enrolled within 30 days following admission, however your child cannot be initially admitted to day care without written documentation from your child’s physician or nurse practitioner that at least one (1) dose of DPT or DT, one (1) dose of TOPC or IPV, and the MMR vaccines, and HbCV vaccines, if required by the age of the child. Health appraisals shall be certified by your child’s physician or nurse practitioner and shall be updated yearly up to the age of 5 in accordance with the recommended schedule for routine health supervision of the American Academy of Pediatrics. For children below school age, the health appraisal shall include documentation of the recommendations of the division of

public health, as described below:

Age: 2 months – DTP, TOPV, HbCV(1) 4 months - DTP, TOPV, HbCV(1)
6 months - DTP, TOPV, HbCV(1) 12 months – MMR 15 months – DTP, HbCV(1)
4 to 6 years - DTP, TOPV, MMR

Parent/guardian must also complete a medical emergency card entitled “Child Information Card” and update as necessary.

In accordance with the South Carolina State licensing policy, your child cannot be admitted to daycare with symptoms of illness as specified below; unless written documentation from a licensed physician, or verbal (with written follow up) states the child has been diagnosed and poses no serious health risk to the child or to other children.

Should your child have signs or symptoms requiring exclusion from the family child care home he/she will be isolated and the parent/guardian or other authorized person by the parent will be notified immediately to pick up your child. There can be no exceptions since illness spreads quickly among children.

Please make other arrangements if your child is sick and respect my decision if I feel your child is too sick to be in child care. I am sympathetic to the difficulties of taking time off, so discretion will be used.

The symptoms of illness for possible exclusion shall include, but are not limited to any of the following...

- A. The illness prevents your child from participating comfortably in the day care environment,
- B. The illness results in a greater care need than I can provide with out compromising the health and safety of the other children in my care, Or
- C. The child has any of the following conditions:
 - Temperature: Oral temperature 101 degrees or greater; axillary (armpit) temperature 100 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness- until medical evaluation indicates inclusion in the facility. Oral temperature shall not be taken on children younger than 4 years (or younger than 3 years if a digital thermometer is used). Rectal temperature shall be taken only by persons with specific health training.
 - Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs)- until medical evaluation allows inclusion;
 - Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper- until diarrhea stops;
 - Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration;
 - Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious;
 - Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
 - Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after treatment has been initiated;
 - viii. Scabies, head lice, or other infestation, until 24 hours after treatment has been initiated;
 - Tuberculosis, until a health care provider or health official states that the child can attend child care;
 - Impetigo, until 24 hours after treatment has been initiated;
 - Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;
 - Chicken pox, until at least 6 days after onset of rash or until all sores have dried and crusted;
 - Pertussis, until 5 days of appropriate antibiotic treatment (currently; erythromycin) to prevent an infection have been completed and a licensed physician states in writing the child may return;
 - Mumps, until 9 days after onset of parotid gland swelling and a licensed physician states in writing the child may return;
 - Hepatitis A virus, until 1 week after onset of illness or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff and a licensed physician states in writing the child may return;
 - Measles, until 6 days after onset of rash and a licensed physician states in writing the child may return;
 - Rubella, until 6 days after onset of rash and a licensed physician states in writing the child may return;
 - Unspecified respiratory illness if it limits the child's comfortable participation in activities or if it results in a need for greater care than can be provided without compromising the health and safety of other children.; or
 - Herpetic gingivostomatitis (cold sores), if the child is too young to have control of oral secretions.

Any of the following communicable diseases must be also be reported to the division of public health

RESPIRATORY	GASTRO-INTESTINAL
Diphtheria	Giardiasis
German Measles	Hepatitis A
Hemophilus Influenza Disease	Salmonellosis
Measles (rubeola)	Shigellosis
Bacterial (spinal) Meningitis	
Mumps	
Pertussis (whooping cough)	
Rubella	
Tuberculosis	

Always inform your doctor at every sick visit that your child is in daycare so that he/she can approve in writing your child's return to daycare.

If your child had an immunization update, please remember to provide me with a record of the immunization so that it can be attached to your child's health appraisal.

Injuries: I will supervise your child closely in an attempt to prevent injuries, but accidents resulting in injury do occur. I have been trained in first aid and CPR and will follow my training. If the injury is minor (requiring only a band-aid or ice) I will tell you about it when you pick up your child. If it is serious, I will call you and may even suggest that you take your child to the doctor or emergency room. If an injury is very severe, I will call 911 for assistance before I call you. If I can not reach you, I will call the emergency contacts listed on your "Emergency Contacts" (Please remember to keep this card up-to-date).

Child's Medication:

1. A "Medication log" **must** accompany all over the counter medicine. Over the counter medicine is usually given for short term health conditions; the average length of time is 5 days/
2. Prescription medicine **must**:
 - a. be dated with in the past 30 days
 - b. have child's name printed clearly on the label
 - c. have dosage amount and times
3. Prescription medicine must also be accompanied by a "medication log" which **must include**:
 - a. date
 - b. Child's name
 - c. Doctor's name and phone number
 - d. Pharmacist name and phone number
 - e. Name of medication
 - f. Dosage amounts and times to be administered
 - g. Route of medication, i.e. oral, eye, etc.
 - h. Why medication is needed
 - i. Date medication is to end
 - j. Special directions, i.e. take before eating, etc.
 - k. Parent's signature

Days/Hours of Operation:

Child care is available Monday through Friday with the exception of closings as referred to in this handbook. Actual days and hours are determined by the parent/guardian's individual needs.

Please understand that the contracted drop-off time is important because I plan our day around the collective time frame of each child as well as each other phase of our morning routine – **please** call me if you know that you will be more than 15 minutes late.

Our contracted pick up time is equally important; there are several things to do before the children leave – snack time, calm down time, clean up (personal as well as day care room), shoes on etc. Of course another reason is to know my "quit" time so I can complete other evening commitments.

Late Drop Off and Pick Up:

Please call me if you will be late dropping your child off late. It is very important to me and the other children to know our schedule (breakfast, etc.) and when we can move along from one activity to another.

I'm sure you agree, personal time is precious; accordingly, it becomes extremely difficult and stress full to have an appointment or other plans scheduled if I cannot depend on the mutually agreed pick up time. **I do understand** that there may be an occasion of major traffic congestion or bad weather conditions causing a delay in your travel – if you have a cellular phone, please call me and perhaps we can work out a contingency plan. Consistent tardiness could be cause for termination. A \$2.00 per minute late fee will be charged past our agreed pick up time and will be payable to the instructor upon arrival.

Nutrition:

Children are fed nutritionally on a daily basis – breakfast, lunch and a snack as required through enrollment with the family and work place connection food program – See enclosed information and enrollment form for your child. Cakes, cookies, and other "not so nutritious food" may be served during special events like birthday parties, and holidays. Formula is provided by the parent/guardian, all other foods and beverages are provided by me.

Potty Training:

Potty training shouldn't be rushed; it is important that your child is psychologically **and** physically ready for training. Huggie's Pull Ups (or other brand) must be provided by the parent/guardian during this transition period, no regular style training pants or underwear will be used until your child maintains 2 continuous weeks of bladder/bowel control; of course, if your child regresses after this 2 week period we will assess the next step. There is a nominal fee for potty training.

Transportation:

It will be very rare, but there may be instances when your child may need to ride in an automobile or van. I will ask for written permission unless it is an emergency.

Release of Children:

It is important that I protect your child by ensuring that your child does not leave my home with a person you have not authorized on your "Pickup Authorizations" to pick up your child. Also please tell me when someone else that you have authorized on your "Pickup Authorizations" will be picking up your child. Even if it is an emergency, I must have your permission to release your child to someone other than you. I will need the person's name and a description of what he or she looks like. The person picking up your child will have to show me a picture ID before I will release your child from my care.

I have to assume that both parents have the right to pick up your child, unless you give me a copy of a court order stating otherwise. We will need to discuss how I should handle the non-custodial parent who arrives to pick up your child. Without a copy of the court order, I cannot refuse a parent. If I have a court order and a non custodial parent tries to pick up the child, I will immediately call the custodial parent. If the non-custodial parent leaves with the child, I will immediately call the police and report the situation. I will not place the other children at risk in a confrontation with the non-custodial parent.

It is very important to me that your child arrives home safely. Therefore, if the person who arrives to pick up your child appears intoxicated or otherwise incapable of bringing your child home safely, I will call the parent or emergency contact person listed on the "Emergency Contacts" to request their assistance. If the situation occurs a second time, it will be grounds for terminating my care of your child.

All children should be transported to and from child care in a care seat or child restraint if under 6 years old or 60 pound. For further clarification refer to the South Carolina Law regarding children and seat belts and abide by that law for your child safety. I will not release your child if the person picking up your child does not have a care seat and your child falls into the care seat requirement age bracket.

Supplies:

You will be given a supply sheet. (see attachment)

Fee Payment Guidelines:

Child care fees are paid in advance on a weekly basis – the Friday **before** the week begins or the last scheduled day of attendance for the week. Payment obligation is based on the hours agreed to use child care, not on actual attendance. There is no change in fee due to your child's absences. If your child is absent or I am closed on the Friday **before** the week begins or the last scheduled day of attendance for the week, you are responsible to make payment as agreed. In the case of your vacation or absence, please postdate your check for the up coming date due and make payment before you leave.

Late payments – A \$25 late payment fee (per child) applies for any payment not received on the Friday morning before the week begins. If payment is not received on the Monday of the week an additional \$10.00 fee per day will be charged. Your child will not be permitted to return to child care until both the payment and the late fee are paid in full.

A personal check or cash will be accepted for payment, however if a check is returned for any reason and I incur any bank charges from the return of your check, those charges will be added to the following weeks daycare fee **(\$30.00)** additionally because I am unable to use these funds my late fee for payment also applies. After 2 check returns, all further payments must be made in cash. Non-payment or consistent late payments is cause for termination immediately with out 2 weeks notice.

A two week notice of any increase will be posted.

Early drop off

Any care needed prior to my normal opening time will need be scheduled at least by the Friday prior to the week care is needed. As a result there will be a charge of \$3.00 per 15 minutes (or part of) for care prior to normal opening time. Payment for this additional time is due by the Friday prior to the week care is scheduled. This fee is non-refundable. This includes if you decide not to bring the child early.

Termination:

Parent/Guardian will give two weeks written notice, and two weeks full payment to terminate your child's enrollment in child care regardless as to whether your child is present (with the exception of the trial period). If two weeks notice is not given, you are still

financially obligated for the two weeks of child care fees and late payments; two weeks full payment still applies when notice is given in conjunction with provider's vacation.

Trial Period:

There is a trial period of 4 weeks from the date child care begins. If the child care arrangements is not mutually satisfactory, either party can terminate this agreement with a 1(one) day notice – any moneys already paid are non refundable.

A Few Final Thoughts:

As a parent in my child care, please...

- ☺ Take an interest in your child's activities and development at academy, and share your child's habits, fears, and concerns with me;
- ☺ Read all correspondence given to you, and those posted. Promptly sign and return those forms needing to be signed;
- ☺ Remember that you are responsible for your child while on my premises so please remain in complete contact with your child during that time;
- ☺ Call me! Your concerns and feed back are important to me.

Signature of Parent/Guardian: _____ Date: _____

Signature of Director: _____ Date: _____



Policy Statement

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, Unlimited Hands-On Science, LLC uses a positive approach to discipline and practices the following discipline and behavior management techniques.

WE DO

- ✎ Communicate to children using positive statements.
- ✎ Communicate with children on their level.
- ✎ Talk with children in a calm, quiet manner.
- ✎ Explain unacceptable behavior to children.
- ✎ Give attention to children for positive behavior.
- ✎ Praise and encourage the children.
- ✎ Reason with and set limits for the children.
- ✎ Apply rules consistently.
- ✎ Model appropriate behavior.
- ✎ Set up the classroom environment to prevent problems.
- ✎ Provide alternatives and redirect children to acceptable activity.
- ✎ Give children opportunities to make choices and solve problems.
- ✎ Help children talk out problems and think of solutions.
- ✎ Listen to children and respect the children's needs, desires and feelings.
- ✎ Provide appropriate words to help solve conflicts.
- ✎ Use storybooks and discussion to work through common conflicts.

WE DO NOT

- ✎ Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling or slapping.)
- ✎ Use any strategy that hurts, shames, or belittles a child.
- ✎ Use any strategy that threatens, intimidates, or forces a child.
- ✎ Use food as a form of punishment.
- ✎ Use or withhold physical activity as a punishment.
- ✎ Shame or punish a child if a bathroom accident occurs.
- ✎ Embarrass any child in front of others.
- ✎ Compare children.
- ✎ Place children in a locked and/or dark room.
- ✎ Leave any child alone, unattended or without supervision.
- ✎ Allow discipline of a child by other children.
- ✎ Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups.

Conferences will be scheduled with parents if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the parents and documenting behavior problems and interventions, to terminate child care services for that particular child.

Note: If, at any point, there is an indication/suspicion that a child may have special needs, Unlimited Hands-On Science, LLC will inform the child's family and help them make contact with proper authorities and assistance.

My signature below indicates that I have received a copy of the discipline policy, it has been reviewed with me, and I have read and understand this policy.

Signature _____ Date _____

Please circle as appropriate:

STAFF

PARENT

If parent, name of child _____

Academy Policies

Payment - Child care tuition is due each **MONDAY**, for the following week or monthly in advance. If tuition has not been paid by end of business on Monday your child will **NOT** be allowed back into the program until the tuition has been paid along with any late fees. UHSASA requires a valid credit/debit card on file. This will only be used in the event you sign up for Auto Pay as indicated below, or if you withdraw from the program leaving a balance with no written payment plan.

Credit Card #: _____ Expiration Date: _____

If you wish to enroll in Auto Pay and have the above card charged for tuition every Monday initial here: _____ You will receive a \$5.00 per week discount for enrolling in Auto Pay as long as the card is run without issues for that week.

Returned Checks- There will be a \$30.00 penalty for returned checks and a \$20.00 late fee added to your account.

Late Pick-up Fees- There is a late fee of **\$2.00 per child per minute** you are late. This is due if your child is picked up after closing time. The late fee charge is due to the worker that is caring for your child at the time of pick-up. The fee must be paid before your child is allowed to resume attendance.

Vacation- Available after **1 year date of enrollment**- each child is allowed one week vacation per year (date of enrollment to that date next year). Please give a one week notice that you will be using the following week as your paid vacation week. Child cannot be present at UHSASA during this time.

Withdrawing from Academy- A two-week written notice is required for all withdrawals, or 2 weeks full tuition is due.

Enrollment Fee- There is a one-time registration fee of \$40, and is due at time of enrollment. This fee is non-refundable.

Illness- Full tuition is due for absence due to illness. There will be NO interruption of payment for illness, scheduled or emergency closings or absence from the center. The center must be notified in the event your child contacts and contracts a contagious illness. Alternative arrangements for child care must be made until the danger to other children has passed.

*****PLEASE NOTIFY THE ACADEMY WHEN YOUR CHILD WILL BE ABSENT.*****

Holidays- The ACADEMY is open year-round. **FULL TUITION IS DUE FOR SCHEDULED CLOSINGS.** Rates have been calculated to accommodate these closings.

Please initial here that you have received a copy of the closings for UHSASA: _____

Legal Fees- All legal & collection fees incurred in the collection of unpaid tuition is the responsibility of you, the client.

ABC Clients- You will be reminded 1 month prior to the expiration of your term. It is up to you to take the proper steps in seeing that your term is extended. You are also responsible for the portion ABC does not pay, known as your co-pay, under the same terms as above. If this is not paid not only will you be removed from the program, but ABC may disconnect you from theirs and not allow you back on.

Parent/Guardian Signature: _____ Date: _____

Instructor at UHSASA Signature: _____ Date: _____

UHSASA Owner or Director: _____ Date: _____