**REGISTRATION PACKET**

*2019-2020 School Year*

****



To My Wonderful Parents of UHS,

Welcome to **Unlimited Hands-On Science**! To provide you and your family with the best services, we need the following information at enrollment to be reviewed and signed or taken home for further review.

• Service Agreement 2019-2020

• Enrollment Application 2019-2020

• Medical Information

• Consent to Medical Care

• Emergency Contacts and Permission to Drop Off

• Additional Emergency Phone Numbers

 • Privacy Permission Agreement

• Transportation Release and Request

• General Liability Waiver and Release Form

• Discipline Policy

• Discipline Policy Receipt Form

• Academy Policy

• Parent Handbook

• Items needed for Enrollment (see separate sheet)

• Immunization Form (**Copy From Parents**)

• $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](http://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.

224 O’neil Court Suite 26/27

Columbia SC 29223

unlimitedhandsonscience@gmail.com

(803) 667-2396 or (803) 764-6575

“We Place Science in the Palm of Your Hands”

224 O’neil Court Suite 26/27 Columbia SC 29223

 unlimitedhandsonscience.org (803) 667-2396

**SERVICE AGREEMENT 2019-2020**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date entered Care:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age of Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s or Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.). \_\_\_\_\_\_\_\_\_\_\_ (initials)

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. \_\_\_\_\_\_\_\_\_\_\_** (initials)

|  |
| --- |
| *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) |
| *Daily Fee (registered students)* |  |
| • 1/2 day fee | $15/day + regular tuition |
| • FULL DAY | $25/day + regular tuition  |
| • Early Drop Off | $25/week  |
| *After-School Program* |  |
| •School Age only-FT | $70 per week **(includes transportation from school to academy)** $60 per week-2nd child$55 per week-3rd child |
| •School Age only-PT | $50 per week **(3 days only)** |
|  |  |
| *Other Services* |  |
| •Private Tutoring | $25/hour **(all subjects K-12)** |
| •Daily Drop In Fee | $35.00 per day |
| •Transportation Fee | $7.50 per child/per trip |
| • Activity Fee | As needed for various activities |

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UHS ACADEMY 2019-2020 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EPI PEN?\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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): Please include whether or not your child has an Epi Pen.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*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 aftercare. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS AND PERMISSION TO DROP OFF AND PICK UP**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 aftercare 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.

**Additional Emergency Phone Numbers:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Number:
 |  | Location: |  | Ask for: |  |
| 1. Number:
 |  | Location: |  | Ask for: |  |
| 1. Number:
 |  | Location: |  | Ask for: |  |
| 1. Number:
 |  | Location: |  | Ask for: |  |
| 1. Number:
 |  | Location: |  | Ask for: |  |

Date

Signature of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

**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



**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, aftercare 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Print Name

Signature of Parent/Guardian

**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).**

GENERAL LIABILITY WAIVER AND RELEASE FORM



224 O’neil Court Ste 26/27 Columbia SC 29230

Tel: 803.667.2396 Tel: 803.764-6575

**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 ACTIVITES.**

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

**UNLIMITED HANDS-ON SCIENCE, LLC**

**DISCIPLINE POLICY**



**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 aftercare 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** - Aftercare tuition is due each **FRIDAY before** 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 $35.00 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 aftercare 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**, unless otherwise noted. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PARENT HANDBOOK**

**UHS 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 aftercare 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 along with UHS staff 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. We express our disapproval (without attaching character). We state our expectations and show your child how to make amends. We 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 aftercare 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.

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

**Typical Activities**

STEAM Enrich: Involves hands-on exercises, specific workshops, arts/crafts

Free Play: Children have a choice of - blocks, legos, board games, video games, tablets, desktop computer, art materials, and may watch limited television or video tapes

Character Days: Children will engage in apr. 30-45 minutes per week of character-building exercises

Special Days: Include Birthdays/holiday parties, getting ready for holidays, and holiday.

**Typical Daily Routines**

* Arrival and Greeting
* Handwashing/Bathroom
* Snack and clean up
* Homework Hour (1 hour only)
* Outdoor play (weather permitting) or other large muscle activity
* Hand washing
* Dinner and Clean-Up
* STEAM Activity
* Free play
* Parents arrive to pick up children

(Your child is released to my care after they leave the school or he/she is dropped off by the parent, and he/she is released to your care as soon as you walk in the door at pick up time)

**Policies and Procedures**

The after-care program at UHS is a program which encourages the social, academic, and physical development of the student. This program will operate from 2:45 p.m. - 6:30 p.m., Monday through Friday. The program is closed during school holidays.

For your convenience, a UHS calendar has been created.

*Paid holiday closings*: New Year’s 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 days:* Students are only given a vacation week after 1 year of being registered.

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

**Discipline**

Regular school behavior and discipline codes will be expected of each student at all times. Students will be removed from the program if they have exhibited serious and/or multiple discipline problems.

UHS staff expresses disapproval (without attacking character). UHS staff state our expectations and show your child how to make amends. We 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 our care.***

**Gross Misconduct:**

We 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 with in 30 days following admission, however your child cannot be initially admitted to aftercare 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 aftercare 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 we feel your child is too sick to be in aftercare. We are 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…

1. The illness prevents your child from participating comfortably in the day care environment,
2. The illness results in a greater care need than we can provide without compromising the health and safety of the other children in my care, Or
3. 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 aftercare;
* 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 German MeaslesHemophilus Influenza DiseaseMeasles (rubeola)Bacterial (spinal) MeningitisMumpsPertussis (whooping cough)RubellaTuberculosis  | GiardiasisHepatitis ASalmonellosisShigellosis |

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:* We will supervise your child closely in an attempt to prevent injuries, but accidents resulting in injury do occur. We 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) we will tell you about it when you pick up your child. If it is serious, we will call you and may even suggest that you take your child to the doctor or emergency room. If an injury is very severe, we will call 911 for assistance before we call you. If we cannot reach you, we 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**:
3. be dated with in the past 30 days
4. have child’s name printed clearly on the label
5. have dosage amount and times
6. Prescription medicine must also be accompanied by a “medication log” which  **must include**:
7. date
8. Child’s name
9. Doctor’s name and phone number
10. Pharmacist name and phone number
11. Name of medication
12. Dosage amounts and times to be administered
13. Route of medication, i.e. oral, eye, etc.
14. Why medication is needed
15. Date medication is to end
16. Special directions, i.e. take before eating, etc.
17. Parent’s signature

**Days/Hours of Operation:**

After-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 pick-up time is important because we too have to stay compliant with DHEC and DSS – **please** call the academy if you know that you **will be 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, shoes on etc. Of course another reason is to know our “quit” time so that we can complete other evening commitments.

**Late Drop Off and Pick Up:**

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

We are sure you agree, personal time is precious; accordingly, it becomes extremely difficult and stress full to have an appointment or other plans scheduled if we cannot depend on the mutually agreed pick up time. We 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 us 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 – dinner 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.

**Transportation**:

All children are transported by one of UHS transport vehicles. We currently have buses and vans available.

**Procedures for Safe Arrival and Departure of Children:**

Attendance will be taken and parents or authorized persons must sign their child out daily. The aftercare staff is responsible for releasing students only to those individuals who are authorized and listed on the application. **Students are not permitted to sign themselves out.**

It is important that we protect your child by ensuring that your child does not leave the academy with a person you have not authorized on your “Pickup Authorizations” to pick up your child. Also, please notify us when someone else that you have authorized on your “Pickup Authorizations” will be picking up your child. Even if it is an emergency, we must have your permission to release your child to someone other than you. We 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 us a picture ID before we will release your child from my care.

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

It is very important to us 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, we 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 aftercare of your child.

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

**Supplies:**

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

**Fee Payment Guidelines**:

After 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 aftercare, not on actual attendance. There is no change in fee due to your child’s absences. If your child is absent or we are 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 upcoming 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 aftercare 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 we incur any bank charges from the return of your check, those charges will be added to the following weeks aftercare fee **($35.00)** additionally because we are unable to use these funds the 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 without 2 weeks’ notice.

A two week notice of any increase will be posted.

**Early drop off**

All early drop-off fees are non-refundable and must be paid according to service agreement.

**Termination:**

Parent/Guardian will give two weeks written notice, and two weeks full payment to terminate your child’s enrollment in aftercare 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 aftercare 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 aftercare begins. If the aftercare arrangements are 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 UHS aftercare, please…

* Take an interest in your child’s activities and development at academy, and share your child’s habits, fears, and concerns with us;
* 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 us! Your concerns and feedback are important to us.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Items Needed for Enrollment**

1-UHS T-Shirt **$20.00/children**

2-Packs of Clorox Wipes

1-Can of Lysol

1-Box of Kleenex

1-Set of earbuds (personal use)

 1-Pack of 12-ct pencils

1. Pack of Colored Pencils
2. Pack of Markers

 1-pack of notebook paper

 1-pk of copy paper

1. Plastic shoe box for holding personal use items