

Office Use:  
Start Date: \_\_\_\_\_  
Rec. Complete: \_\_\_\_\_



## Student's Records Checklist

Student's Name: \_\_\_\_\_

- \_\_\_ Summer Camp Schedule
- \_\_\_ Student Information Card
- \_\_\_ Authorization for Emergency/Medical Treatment
- \_\_\_ Authorization of Topical Products
- \_\_\_ Illness Policy
- \_\_\_ Discipline Policy
- \_\_\_ Photo/Video Release Form
- \_\_\_ Authorization of Emergency Release
- \_\_\_ Immunization Record



## S & C Preschool Academy, LLC Summer Camp Information

Ages Accepted 6 years old – 9 years old	Hours of Operation Monday-Friday 7:00-5:45	Location: S & C Preschool Academy 1701 Saint Etienne Road Broussard, LA
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Please Check off the days your child plans to attend camp.

Week	Whole Week	Monday	Tuesday	Wednesday	Thursday	Friday
May 28-31		Closed for Memorial Day				
June 3-7						
June 10-14						
June 17-21						
June 24-28						
July 1-5					Closed for July 4 <sup>th</sup>	
July 8-12						
July 15-19						
July 22-26						
July 29-August 2						
August 5-7						

Registration for 5 or more weeks: \$100 for first child and \$85 additional children  Registration for fewer than 5 weeks: \$20 per child	Activity Fee (in addition to weekly tuition) Weekly fee: \$30/first child; \$20/additional children Full Summer: \$275/child; \$265/additional children	Weekly Tuition: \$115/week for 1 <sup>st</sup> child \$105/week for additional children \$25/day for 1 <sup>st</sup> child \$23/day for 2 <sup>nd</sup> child
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Student Information Card

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

Birthday:

Age: \_\_\_\_\_

	Mother	Father
Name		
Address		
City, State, Zip		
Home Phone #		
Cell Phone Number		
Employer		
Work #		
Can we text you?		

Child Lives with: Mother Father Mother/Father

Guardian: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Emergency Contacts:

Name	Relationship	Phone #



My child has permission to be released to the following individuals in addition to emergency contact persons listed above.

Name	Relationship	Phone #

Does your child have any allergies? If so, please explain.

Is there anything else that you would like us to know about your child?

Parent Signature: \_\_\_\_\_. Date: \_\_\_\_\_



## Authorization for Medical Treatment

Please complete the following for first aid, emergency care, and health record transfer in the event that any emergency situation occurs, and medical help would be needed for your child.

I, \_\_\_\_\_, authorize S & C Preschool Academy, LLC staff to care for my child during the time he/she is at the facility or participating in a sponsored field trip. I am authorizing emergency medical treatment for my child in the event that I cannot be reached. I also authorize the release of any medical information contained in my child's records.

Preferred Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please list all allergies or allergy medications given:

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



# Authorization for the Application of Topical Products Can Only Be Administered with Doctor Approval and Pharmacy Label

Student: \_\_\_\_\_

I give permission for S & C Preschool Academy Staff to apply the following topical products to my child whether the product is supplied by the center or parent:

Yes	No	Product
		Sunscreen
		Insect Repellant
		Other:

This one-time authorization will remain in effect until a new authorization is signed.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



S & C Preschool Academy, LLC  
Student Information/Third Party Release  
In the Event of an Emergency

\*\*\*In the event of an emergency, parents will be kept informed through tv, radio, phone calls, and text messages. Our main concern will be to keep every child safe. \*\*\*

Student: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mom:

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

Dad:

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

Any allergies:

My child can be released to the following individuals:

Name	Relation	Cell

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



## Positive Approaches with Discipline

S & C Preschool Academy, LLC will utilize a positive approach to disciplining our children. Teachers will try to redirect the inappropriate behavior towards and appropriate behavior. Teacher will model the appropriate behavior when needed.

Verbal praise and rewards will be used when students are showing the proper behaviors. Children who exhibit the appropriate behavior will be allowed to participate in activities that are beyond the regular lessons.

Students who continue to exhibit the inappropriate behavior after being redirected and the teacher modeled the appropriate behavior will "Tab Out." "Tab Out" will be a special place in the classroom for the students to reflect on their behavior and talk with the teacher about what could have been done differently. The minutes in "Tab Out" will be the numerical age of the child. After this reflection, the student will be able to join the class for the rest of the activity. If the classroom "Tab Out" is not effective, the student will "Tab Out" with Ms. Edie. If after both "Tab Outs" are utilized and the student still exhibits the undesired behavior, parents will be called to meet with Ms. Edie and the child's teacher to develop a plan.

NOTE: Any suspected abuse and/or neglect of a child in a daycare facility must be reported in accordance with Louisiana revised statutes 14:1403 to the child protection agency. The Department of Social Services # 225-922-0015.

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





## Child Care Providers Photo/Video Consent Form

We sometimes take photographs or video footage for publicity purposes. These images may appear in our printed publications, on our website, or both. We may also send them to the news media. Before taking any pictures, we need your permission.

S & C Preschool Academy, LLC recognizes the need to ensure the welfare and safety of all young people enrolled at our school. In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/guardians and children. S & C Preschool Academy, LLC will take all steps to ensure these images are used solely for the purposes they are intended.

I, \_\_\_\_\_(Parent/Guardian Name), consent to S & C Preschool Academy, LLC. photographing or videoing \_\_\_\_\_(Child's Name). I understand the pictures/videos may appear in our printed publications, website, news media, etc.

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

In order to promote the safety of employees, children and visitors, as well as the security of its facilities, S & C Preschool Academy, LLC. may conduct 24 hour video and audio Security/Surveillance Cameras with 7 day recording of any portion of its premises at any time, the only exception being private areas of restrooms. Video cameras will be positioned in appropriate places within and around S & C Preschool Academy, LLC. buildings and used in order to help promote the safety and security of people and property. S & C Preschool Academy, LLC has installed the camera's as per the regulations. I hereby acknowledge and have been notified of the video and audio Security/Surveillance.

Signature \_\_\_\_\_ Date: \_\_\_\_\_



## S & C Preschool Academy, LLC Sickness Policy

Please do not bring your child to the daycare if he or she is sick. Please use your best judgement if you feel that your child is too sick to be around the other children. Please call or text Ms. Edie, 337-344-8485, by 9 am if your child is not coming that day.

If your child has a contagious illness, they cannot come to the daycare until they have been cleared by a doctor stating that they are no longer contagious and are clear to be around other children (Usually 24 hours after antibiotic treatment has begun and/or 24 hours after symptoms have subsided: Depending on the illness).

If your child is ill over a weekend or when away from the daycare, please be sure to let Ms. Edie know so that I can be aware in case the other children have possibly been exposed to a contagious illness. If your child has a fever of 100 degrees or higher, Ms. Edie will call you to pick up your child ASAP. Your child must be picked up within an hour to help prevent any spreading.

Your child cannot attend the daycare with a fever of 100 degree or higher and the child must be fever free for a minimum of 24 hours before returning to daycare. That means fever free without the aid of a fever reducing substance. Giving your child Tylenol to reduce the fever before arriving to daycare in the morning is unacceptable because the fever will reappear, and the child will still have to be sent home. If the child has a fever of 100 degree or higher, you will be called to pick up your child within the hour.

### Reasons why the child cannot come to daycare:

- \* Fever of 100 degrees or higher
- \* Cold with yellow or green nasal discharge
- \* Constant clear runny nose
- \* Productive cough
- \* Persistent phlegmy cough
- \* Croup
- \* Strep Throat
- \* Gastroenteritis (Stomach Flu)
- \* Flu
- \* Persistent diarrhea (even if a reaction to antibiotics)
- \* Vomiting
- \* Ringworm
- \* Chicken Pox
- \* Hand Foot Mouth Disease (Herpangina)
- \* Coxsackie Virus
- \* Fifth Disease (Slapped Cheek Disease)
- \* ANY type of rash or blisters
- \* Mumps
- \* Impetigo
- \* Pink Eye
- \* Contagious Styes
- \* Head Lice
- \* MRSA
- \* Scabies

These are just examples of contagious illnesses of when your child needs to stay out of daycare. Each individual case is different and may require more or less time out ~ but will always require a doctor's note to return stating that the child is totally well and non-contagious in order to return. If you feel that your child is sick with a contagious illness, please verify with a doctor that your child is clear to come to daycare before bringing him/her to the daycare.

This policy is for the protection of your child, all other daycare children present, and the daycare staff. A doctor's note will show that your child is cleared by a doctor.

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