**ST. LUKE’S CHILDREN’S CENTER**

**206 CENTRAL AVE.**

**SUMMERVILLE, SC 29483**

**843-871-6666**

**Enrollment Application Form 2017-2018**

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

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIRST MIDDLE LAST**

**Name used (nickname): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: FEMALE / MALE**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age (by September 1st) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**STREET CITY STATE ZIP**

**Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***- - - - - - - - - - - - - - - - - - - - - - - - - - FOR OFFICE USE ONLY - - - - - - - - - - - - - - - - - - - - - - - - -***

*Classroom placement is based upon date of birth, developmental needs, and teacher observation.*

AGE-CLASS PLACEMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGISTRATION FEE PAID: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

IMMUNIZATION FORM SUBMITTED: Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

DSS FORM 2900 COMPLETED: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

FULL DAY \_\_\_\_\_\_\_ EARLY BIRD \_\_\_\_\_\_\_ HALF-DAY \_\_\_\_\_\_\_

SLCC LUNCH \_\_\_\_\_\_\_ HOME-PACKED \_\_\_\_\_\_\_

**Age-Group Requirements for Enrollment:**

Classroom placement is based upon date of birth, developmental needs, and teacher observation.

* **Peeps** must be 6 weeks old to enter the program
* **Cats** must be 7 months old by September 1st
* **Bunnies** must be 12 months old by September 1st
* **Tigers** must be 18 months old by September 1st
* **Ducks, Fish and Turtles** must be 24 months old by September 1st
* **Lions** must be 30 months old by September 1st (any Three-year-old not toilet trained by July 1st)
* **\*\*\*Threes classes** must be 3 years old by September 1st
* **\*\*\*Fours classes** must be 4 years old by September 1st

***\*\*\* Three & Four year old classes require students be toilet trained with independence and proficiency***

**PROGRAM FOR WHICH YOU ARE APPLYING:**

**FULL-DAY PROGRAM**

* **Full-Day Program** (Peeps, Cats, Bunnies, and Tigers) \_\_\_\_\_\_\_\_\_
* **Full-Day Program** \*\*\*SLCC Lunch Included\*\*\* \_\_\_\_\_\_\_\_\_

(Ducks- Fours~ Additional Fee $35/month)

* **Full- Day Program**\*\*\* ‘Home-Packed’ Lunch\*\*\* (Ducks-Fours) \_\_\_\_\_\_\_\_\_
* **Early Bird Program**. \_\_\_\_\_\_\_\_\_\_

6:30 AM Drop-Off Service (Additional Fee $30.00/month)

**SLCC Confidential Child Information Profile 2017-2018**

We ask our families to provide the following information so we can develop a profile of your child. By providing the information requested, you help us fulfill our mission of promoting the optimal learning and development of your child. We regard this profile as confidential and as one means of gathering information to ensure the safety and well-being of your child. Please let us know of any changes occurring in this information during the school year. Thank you.

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Form Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How did you hear about St. Luke’s Children’s Center?

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

* Are there any custody arrangements? \_\_\_\_\_\_ If YES please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Names of other members of the household (Please include sibling’s ages):

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

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

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

* Names of significant people who care for your child (grandparent, neighbor, nanny, etc.):

Name Relationship to your child

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

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

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

* Does your child have any chronic medical conditions (asthma, seizures, diabetes, etc.) or any serious medical condition that may affect or limit the child’s ability to participate in activities?

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

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

* Has your child experienced any medical situations (e.g. hospitalizations, seizures, surgeries, fractures, etc.)?

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

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

* Is your child routinely taking any medications? If yes, please list the names of the medications.

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

* Please list any notable side effects from medication?

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

* Does your child have any known allergies or food intolerance? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

Please note and describe all **allergies** (food, medicine, environmental, etc.) or **food intolerance** and describe the child’s typical reaction(s) Also, please list any medications they take for allergies.

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

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

* What precautions and procedures do we need to be aware of relative to any allergies described above?

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

* Does your child have any food exceptions based upon dietary preference or religious beliefs?

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

* Other languages spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Has your child had any previous preschool or group experience? \_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No

If yes, please tell us what school/s your child has attended and how long he/she was there.

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

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

* Please describe anything unique to your child or your family that you think will be helpful in caring for your child in the upcoming year?

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

* Please include anything you wish for the school to understand about your child and your goals for their learning experiences or education?

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

* Are there any religious, personal, or social issues you would like for the teachers to be aware of or to be sensitive to in the classroom to help better understand your child?

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

* Please describe any developmental concerns (cognitive, physical, fine and gross motor, etc.) you have about your child that will help us to better meet his or her developmental needs.

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

* Speech/ Does child have any difficulties? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* My child’s primary language is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* My child’s second language is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Language: Other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is your child receiving developmental, special education, or psychological services outside of school to assist with any developmental issues? If yes, please explain.

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

* It is a policy of this school to retain a record of an IEP/IFSP for every child receiving public or private services (e.g. for developmental delays in areas such as speech, language, gross and fine motor, etc.) so our teachers may work with the therapists to support the delivery of services to your child. Copies of IFSP, IEP, evaluation, etc. will be kept confidential.

My child is receiving services for the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please provide name/s of providers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**ST. LUKE’S CHILDREN’S CENTER**

**206 CENTRAL AVE.**

**SUMMERVILLE, SC 29483**

**843-871-6666**

**Permission Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read the following options very carefully and initial each line ONLY if you give your permission for that item. Then, please sign at the bottom of the page. The omission of your initials on any item will indicate to us that you do not authorize that item.

\_\_\_\_\_\_\_\_ My child has permission to **participate in all activities** of SLCC during the

2017-2018 school year.

\_\_\_\_\_\_\_\_ My child has permission to go on **walking field trips** with their class.

(Older Twos, Threes, and Fours ONLY)

\_\_\_\_\_\_\_\_ SLCC has my permission to **administer medication** prescribed by my child’s

doctor. (Please remember all medications must be logged in at the front office.)

\_\_\_\_\_\_\_\_ In case of emergency when neither my doctor nor I can be reached, I hereby give permission for SLCC to **arrange any medical care** deemed necessary for my child.

\_\_\_\_\_\_\_ SLCC has my permission to **photograph my child** and to use the photos in

displays in our hallways, classrooms, send home projects, and audio visual

presentations created by our staff for parents.

\_\_\_\_\_\_\_\_ SLCC has my permission to **photograph my child** and to use the photos to

update the Children’s Center Website, the SLCC Facebook page, advertise in brochures, or to be published in the newspaper.

**In case of an emergency or illness (other than parent)**

Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If SLCC is unable to contact either parent or the Emergency Contact; I understand that SLCC will act on behalf of the health and welfare of my child and notify EMS to administer medical attention and possibly transport my child to the nearest Emergency Medical Facility for treatment.

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ST. LUKE’S CHILDREN’S CENTER**

**206 CENTRAL AVE.**

**SUMMERVILLE, SC 29483**

**843-871-6666**

**2017-2018 Authorized Pick-up Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may authorize up to four other people to pick-up your child. If there is a change, please come to the Main Office as soon as possible to complete a new form.

Name Relationship

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the above designated persons to pick-up my child from SLCC. I understand that any person not on the above list will not be allowed to pick up my child. All persons may be asked to show a photo ID to compare with the authorized pick-up list.

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



SLCC is the proud recipient of a Quality Improvement Grant from the Dorchester County First Steps Program for the fourth year. In fact, we are now part of a team of centers participating in a process to enhance the quality of our environment and the education we provide to build school readiness. The grant has enabled us to purchase new equipment, materials, and books for all of our classes, to receive technical assistance training for all of our teachers and staff in Conscious Discipline.

Our primary purpose for participating in this grant is to make sure children have access to all the resources they need to support and promote the best possible developmental outcomes for each individual child. We believe that the first five years are the most important years in your child’s learning and development and that the first three years are critical. Therefore, we actively seek to create an environment and promote opportunities to further your child’s optimal learning and development in the physical, cognitive, emotional, and social domains.

As part of our alliance with First Steps we would like to know that Alicia Turner, Early Identification and Referral Specialist at Dorchester County First Steps, is available to conduct a **free** developmental screening if you have any concerns about your child’s development. Developmental Screening looks at the following areas: Physical development, Cognitive Development, Language Development, Social and Emotional Development, and Self-help skills. If a milestone has not been reached in any of the areas above, a more detailed evaluation will be requested, as well as subsequent therapy if needed. All services are at no cost to you.

We believe that partnering with you and Dorchester County First Steps will ensure a healthy start through identification and early referral. Together we can work to prepare your child to reach their fullest potential.

\_\_\_\_\_\_**Yes**, I have concerns about my child’s development. Please have First Steps contact me at the

following phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or e-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_ **No**, I do not have any concerns at this time.

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

**ST. LUKE’S CHILDREN’S CENTER** **Payment Agreement Form**

* **I am registering my child for the following program:**

**\_\_\_\_\_\_\_** **Full-Day contract for Infants-Fours:** 12 equal payments beginning August 1st.

\_\_\_\_\_\_\_\_  **School Year Contract-** $250.00 holding fee required by May 1st to hold your child’s spot for the following school year. This option will be offered contingent on the fact that SLCC is able to fill your child’s space for the summer months.

* **Please check by one of the following options for scheduling tuition payments:**

**\_\_\_\_\_\_\_\_\_\_Monthly**. Equal payments due by the first of the month.

**\_\_\_\_\_\_\_\_\_\_Bi-Monthly**. Equal payments due by the first and fifteenth of the month.

* **Please initial by the following statements:**

\_\_\_\_\_\_\_\_\_ I understand that I have registered my child for a \_\_\_\_\_\_\_\_\_\_\_\_month program and I

agree to the terms and will make \_\_\_\_\_ payments of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per month

for \_\_\_\_\_\_months. ***(All policies and terms published in the SLCC Parent Handbook apply.)***

\_\_\_\_\_\_\_\_\_ I have read the payment guidelines found in the Enrollment Information and will abide

by them.

\_\_\_\_\_\_\_\_\_ I understand that if I choose to withdraw my student from SLCC during the 2017-18

school year that I am responsible for following the

Withdrawal policies; submitting a Withdrawal Form and payment for two weeks advanced notice of the last day of attendance.

\_\_\_\_\_\_\_\_\_ I understand that if I choose to withdraw my student from SLCC during the 2017-2018

school year and my child is registered for the 2017-2018 school year that I may forfeit that placement if SLCC is unable to fill it with the enrollment of another student for the remaining time-frame of the 2017-2018 school year.

\_\_\_\_\_\_\_\_\_ I have chosen the option for the SLCC lunch program and

agree to pay $35.00 per month in addition to the monthly tuition.

\_\_\_\_\_\_\_\_\_ (Full-Day Program Older Twos (Lions and Turtles) Threes and Fours Only)- I agree to

pay the $40.00 activity fee on or before June 1st of 2018.

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

**Summer Program 2017**

**Current SLCC Families**

**\_\_\_\_\_\_\_\_** My child will participate in the 2017 summer program at SLCC beginning June 1, 2017 till August 4, 2017

\_\_\_\_\_\_\_\_I chose to keep my child home for the summer and agree to pay the $250.00 fee to save his/her space for the 2017-18 school year. This option will be offered contingent on the fact that SLCC is able to fill your child’s space for the summer months.

**New SLCC Families**

**\_\_\_\_\_\_\_**I am interested in my child attending the summer program from June 1, 2017-August 4, 2017 provided a space becomes available.

\_\_\_\_\_\_\_My child will not need summer programming he/she will begin school on August 10, 2017.