



Mission: RCCA exists to provide a safe, developmentally appropriate environment for preschool and school age children. Our focus is to provide a stimulating early care and education experience which promotes each child's social/emotional, physical and cognitive development. Our goal is to support children's desire to be life-long learners and productive citizens.

239 Rocky Creek Road
Simpsonville, SC 29680
864-688-0019

STUDENT APPLICATION

“Train up a child in the way he should go; and when he is old, he will not depart from it.” Proverbs 22:6

Please complete the **entire enrollment application**. Failure to do so may delay your starting date. If you have any questions or concerns, please contact the director or the assistant director.

Application Checklist

- Current Immunization Record for Daycare
- Discipline Policy
- Childcare Nutrition Policy
- Application for Free and Reduced-Price Meals
- General Academy Application

South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 8 years old) Yes No

My Child will regularly attend this facility FROM _____ am/pm TO _____ am/pm

If Child is a drop-in, indicate hours of care: FROM _____ am/pm TO _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch

Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____

Name

Street Address

City, State, Zip Code

Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____

Child's Name

is in good mental and physical health and able to participate in the child care program at

ROCKY CREEK CHRISTIAN ACADEMY

Name of Child Care Facility

Signature: Date: _____ Date: _____

Parent or Guardian

Signature: Date: _____ Date: _____

Director/Operator/Staff Designee

ROCKY CREEK CHRISTIAN ACADEMY

Student Enrollment Form

Child's Legal Name: _____ Date of Birth: ____/____/____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Nickname: _____ Email: _____

PARENT/GUARDIAN INFORMATION

Mother's Full Name: _____ Driver License#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Employer: _____ Occupation: _____

Employer Address: _____ City: _____ State: _____

Telephone # Home: _____ Cell: _____ Other: _____

Father's Full Name: _____ Driver License#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Employer: _____ Occupation: _____

Employer Address: _____ City: _____ State: _____

Telephone: Home: _____ Cell: _____ Other: _____

PARENT WITH LEGAL CUSTODY: _____

Person(s) authorized to assume responsibility for your child in case of emergency:

Name: _____ Relationship: _____ Telephone #: _____

Address: _____

Name: _____ Relationship: _____ Telephone #: _____

Address: _____

ROCKY CREEK CHRISTIAN ACADEMY

Child Pick-Up Information

Please list below the people who have ***Permission*** to pick up your child.

***Note: Anyone picking up your child must have a picture ID.**

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

If there are person's that *Do Not Have Permission* to pick up your child, please inform the Director upon registering your child.

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact (other than parents or guardian)

Name: _____ Relationship to Child; _____

Address: _____

Home #: _____ Cell # _____ Other Phone: _____

E-mail Address: _____

Secondary Emergency Contact (other than parents or guardian)

Name: _____ Relationship to Child; _____

Address: _____

Home #: _____ Cell # _____ Other Phone: _____

Any Special Instructions on how to reach parents or other emergency contact persons:

ROCKY CREEK CHRISTIAN ACADEMY
Child Health Information

Child's Name: _____ Date of Birth: _____

Statement of Child's Present Health: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Regular Medications: _____

Medicine Allergies: _____

Food Allergies: _____

Other Allergies: _____

Any Special Health Conditions: _____

Insurance Information:

Insurance Company: _____ Policy #: _____

Please indicate below if your child has had or has any of the following:

Eye Trouble	_____	Ear, Nose, Throat	_____
Hearing Loss	_____	Head Injury	_____
Ear aches	_____	Measles	_____
Epilepsy	_____	Loss of Consciousness	_____
Spitting Up Blood	_____	Frequent Nose Bleeds	_____
Shortness of Breath or Lung Trouble	_____	Skin Disease	_____
Chest Pain	_____	Whooping Cough	_____
Frequent Indigestion or Reflux	_____	Rupture or Hernia	_____
Stomach, Liver or Intestinal Problem	_____	Piles or Rectal Problem	_____
Chicken Pox	_____	Jaundice	_____
Diabetes	_____	Heart Trouble	_____
Bone, Joint, or Other Deformity	_____	Back Trouble	_____

ROCKY CREEK CHRISTIAN ACADEMY
Parent Permission

Medical Care and Treatment:

I give _____ do not give _____ RCCA permission to seek medical or dental attention and treatment for my child in an emergency situation and agree to hold RCCA harmless.

Parent/Legal Guardian Signature: _____ Date: _____

I give _____ do not give _____ RCCA staff to administer first aid treatment to my child and agree to hold RCCA harmless.

Photo Releases:

I give _____ do not give RCCA permission to photograph my child for display at the Academy. I understand that these photos may be posted on the RCCA website and used in conjunction with promotions and advertising. I also release any rights to said photos.

Parent/Legal Guardian Signature: _____ Date: _____

Transportation:

I give _____ do not give _____ RCCA permission to transport my child to field trips, school, and during an emergency crisis or situation by car, bus or ambulance.

Parent/Legal Guardian Signature: _____ Date: _____

Other Important Information/Provisions

Please give details of what specific arrangements or provisions your child will need during the operation hours of the Academy or on field trips

My child will need special provisions such as:

ROCKY CREEK CHRISTIAN ACADEMY

Child Care 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, ROCKY CREEK CHRISTIAN ACADEMY 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 reward or 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, ROCKY CREEK CHRISTIAN ACADEMY will inform the child's family and make contact with Baby Net for assessment 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 _____

ROCKY CREEK CHRISTIAN ACADEMY

Child Care Physical Activity Policy

Policy Statement

ROCKY CREEK CHRISTIAN ACADEMY recognizes the importance of physical activity for young children. Implementation of appropriate physical activity practices supports the health and development of children in care, as well as assisting in establishing positive lifestyle habits for the future.

Physical Activity in Child Care

The purpose of this policy is to ensure that children in care are supported and encouraged to engage in active play, develop fundamental movement skills and to have limited screen time. Our center encourages all children to participate in a variety of daily physical activity opportunities that are appropriate for their age, that are fun and that offer variety. In order to promote physical activity and provide all children with numerous opportunities for physical activity throughout the day *ROCKY CREEK CHRISTIAN ACADEMY* will:

Daily Outdoor Play

- ▶ Encourage a least restrictive, safe environment for infants and toddlers at all times.
- ▶ Provide a designated safe outdoor area for infants (ages 0-12 months) for daily outdoor play.
- ▶ Provide toddlers (ages 1 through 2 year olds) with at least 60-90 minutes of daily outdoor active play opportunities across 2 or 3 separate occasions.
- ▶ Provide preschoolers and school age children (ages 3 through 12 year olds) with at least 90-120 minutes of daily outdoor active play opportunities across 2 or 3 separate occasions.
- ▶ Increase indoor active play time so the total amount of active play time remains the same, if weather limits outdoor time.
- ▶ Provide a variety of play materials (both indoors and outdoors) that promote physical activity.

Role of Staff in Physical Activity

- ▶ Will encourage children to be physically active indoors and outdoors at appropriate times.
- ▶ Will provide 5-10 minutes of planned physical activities at least 2 times daily for children age 3 and older.

Screen Time Limitations

- ▶ Not permit screen time (e.g., television, movies, video games and computers) for infants and children two years and younger.

Physical Activity and Punishment

Staff members do not withhold opportunities for physical activity (e.g., not being permitted to play with the rest of the class or being kept from play time), except when a child's behavior is dangerous to himself or others. Staff members never use physical activity or exercise as punishment, e.g., doing push-ups or running laps. Play time or other opportunities for physical activity are never withheld to enforce the completion of learning activities or academic work. Our center uses appropriate alternate strategies as consequences for negative or undesirable behaviors.

Appropriate Dress for Physical Activity

We at ROCKY CREEK CHRISTIAN ACADEMY have a Ready to Play Policy! Please bring your child ready to play and have fun each day. Your child will participate in both indoor play and outdoor play. Therefore, play clothes and shoes which can get dirty and allow for free and safe movement are most appropriate. **Children cannot wear Flip Flops.** We expect parents to provide children with appropriate clothing for safe and active outdoor play during all seasons.

It is our expectation that children will go outside EVERYDAY! If you feel your child is too sick to go outside then he/she is too sick to be at the child care center. We request that you keep him/her at home until they are well enough to go outside.

Professional Development

Annual training on promotion of children's movement and physical activity is required for all staff.

My signature below indicates that I have received a copy of the physical activity 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 _____

ROCKY CREEK CHRISTIAN ACADEMY

Child Care Nutrition Policy

Policy Statement

Good nutrition is vital to children's overall development and well-being. In an effort to provide the best possible nutrition environment for the children in our facility, ROCKY CREEK CHRISTIAN ACADEMY has developed the following child care nutrition policies to encourage the development of good eating habits that will last a lifetime.

Child Care Nutrition

ROCKY CREEK CHRISTIAN ACADEMY follows the child care nutrition guidelines recommended by the USDA CACFP (Child and Adult Care Food Program) for all the foods we serve. To provide a healthy and balanced diet that includes fruits, vegetables, and whole grains and limits foods and beverages that are high in sugar, and/or fat, our nutrition policy includes the following:

Fruits and Vegetables

- √ We serve fruit at least 2 times a day.
- √ We offer a vegetable other than white potatoes at least once a day.

Grains

- √ We serve whole grain foods at least once a day.

Beverages

- √ We limit juice intake to once per day in a serving size specified for the child's age group. When served, the juice is 100% fruit juice.
- √ We do not serve sugar sweetened beverages.
- √ We serve only skim or 1% milk to children age 2 years and older.

Fats and Sugars

- √ High fat meats, such as bologna, bacon, and sausage, are served no more than two times per week.
- √ Fried or pre-fried vegetables, including potatoes, are served no more than once per week.
- √ We limit sweet food items to no more than two times per week.

Role of Staff in Nutrition Education

- √ Staff will provide opportunities for children to learn about nutrition 1 time per week or more.
- √ Staff will act as role models for healthy eating in front of the children.

Meal and snack times are planned so that no child will go more than four hours without being offered food. We provide a variety of nutritionally balanced, high quality foods each day so please do not send your child with outside food and drinks.

Weekly Menus

Our weekly menus are carefully planned to follow child care nutrition guidelines at every meal. Each menu is designed to provide a wide variety of nutritious foods that are different in color, shape, size and texture. All of our child care menus include foods that are culturally diverse and seasonally appropriate. We also like to introduce new and different foods and include children's favorite recipes in our menu planning. Menus are rotated on a ROCKY CREEK CHRISTIAN ACADEMY week basis to provide the children with a balance of variety and familiarity. Menus are adapted to incorporate local and fresh in-season produce when available.

Nutrition and Punishment

Staff will never use food as a reward or as a punishment.

Celebrations

From birthday parties to holidays there are many opportunities for celebrations in our child care center. A birthday party will be held monthly in each classroom. If you would like to recognize your child's actual birthday, we request that you not send in treats or goody bags but instead send a birthday book. For holiday celebrations, a sign-up sheet with specific foods and beverages will be placed on the classroom door.

Professional Development

Annual nutrition training is required to ensure that all staff understand the important role nutrition plays in the overall well-being of children.

My signature below indicates that I have received a copy of the nutrition 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 _____

ROCKY CREEK CHRISTIAN ACADEMY
ACKNOWLEDGEMENT OF PARENT RECEIPT
OF
CENTER POLICIES

Name of Facility: ROCKY CREEK CHRISTIAN ACADEMY

By signing below I acknowledge that I have received a copy of the child care facility's handbook outlining the center's policies and resources for children with different abilities/needs. They have been explained to me and I have an understanding of the center policies and resources for children with different abilities/needs based on the information received. I agree to read the handbook thoroughly and after reading the handbook, if there is any policy or provision in the handbook that I do not understand, I will seek clarification from the Director.

Parent Signature: _____ Date: _____

Name of child: _____ Age of Child: _____

Director Signature: _____ Date: _____

**To be placed in child's file*

ROCKY CREEK CHRISTIAN ACADEMY

PRIVACY PERMISSION AGREEMENT

Our first priority is to protect your child's health and safety. To ensure that we are operating with your full understanding and agreement about your family's 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 your child around the center.
- Giving copies of photos of your children to other families in our care.
- Placing photos of your child in photo albums for viewing by prospective clients and other families in our care.
- Using photos of your children in our marketing flyers.
- Using photos of your children on our Web site.
- Posting artwork and other crafts that include your child's name around our center.
- Using an electronic monitor to listen to your child from another room.
- Listing the name of your child or other members of your family in our client newsletter and posting this information on our bulletin board.

Parent or legal guardian's signature

Date of signature

Parent or legal guardian's signature

Date of signature

South Carolina Department of Social Services
INFANT STATEMENT

From: Child Care Center/Provider: ROCKY CREEK CHRISTIAN ACADEMY

Sponsoring Organization: _____

To: Parent/Guardian of Infant(s) in Day Care

I am required by the Child and Adult Day Care Food Program to **offer** a CACFP meal to all enrolled infants in my care. A CACFP meal includes iron fortified infant cereal and baby food when appropriate for the child's age. A copy of the CACFP infant meal pattern is attached.

I am required to **offer** an infant formula, which meets program requirements to all enrolled infants in my care. The formula that I am providing is iron fortified: EMFAMIL. There will be no additional charge to you, if you would like your infant to receive the formula that I am offering.

I understand that not all infants need the same formula, and that the formula served to your infant should be the one recommended by your physician. If you choose, you may continue to provide your infant's formula and other food items.

Parent/Guardian, please check the following statement that applies to you. Then sign and date below:

_____ I would like the child care provider to serve my infant the iron fortified infant formula listed above. I understand that besides the formula, the caregiver will offer my infant other food items, approved by the CACFP meal pattern guidelines, at no additional charge to me.

_____ I will supply the breast milk/infant formula to the child care provider to serve to my infant. The name of the formula I will provide is: _____. I understand that the caregiver will offer other food items, approved by the CACFP meal pattern guidelines, to my child.

_____ I will provide breast milk/infant formula and all other meal items to my child care provider to serve to my infant.

Name of Infant: _____ Birth Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____

South Carolina Department of Social Services
APPLICATION FOR FREE AND REDUCED-PRICE MEALS

IN CHILD CARE FOOD PROGRAMS Part 1. Name of Enrolled Child(ren): _____

Part 2. List All Household Members (Including Enrolled Child(ren))

Names of all household members (First, Middle Initial, Last) _____ _____ _____ _____ _____	Check if No Income _____ _____ _____ _____ _____	If all children listed below are Foster, Homeless, Migrant or Head Start skip to Part 4 to sign this form.	Foster	Homeless	Migrant	Head Start

Part 3. Benefits: If any member of your household received SNAP (formerly Food Stamps), Family Independence (FI), or FDPIR provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 4.**
 NAME: _____ CASE NUMBER: _____

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income)		B. Gross income and how often it was received	
1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
<i>(Example) Jane Smith</i>	\$200 ____ Weekly_	\$150__ Twice a Month	\$100 ____ Monthly__
\$ ____ ____	\$ ____ ____	\$ ____ ____	\$ ____ ____
\$ ____ ____	\$ ____ ____	\$ ____ ____	\$ ____ ____
\$ ____ ____	\$ ____ ____	\$ ____ ____	\$ ____ ____
\$ ____ ____	\$ ____ ____	\$ ____ ____	\$ ____ ____
\$ ____ ____	\$ ____ ____	\$ ____ ____	\$ ____ ____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)
 An adult household member must sign this form. **The adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on page 3 of this form.)
I certify that all information on this form is true and that all income is reported. I understand that the center or child care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.
 Sign here: _____ Print name: _____
 Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Last four digits of Social Security Number: * _ * _ * _ * _ - * _ * _ - _____ I do not have a Social Security Number

Page 1 of 4

DSS Form 16160 (June 14) Edition of MAR 13 is obsolete

