

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: My Amigos Bilingual Education Center County: Lexington

Address: 132 St Davids Church Rd. West Columbia, SC 29179
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 6 years old) ☐ Yes ☐ No

My Child will regularly attend this facility **FROM** 7:30AM am/pm **TO** 5:30PM am/pm

If Child is a drop-in, indicate hours of care: **FROM** 7:30AM am/pm **TO** 5:30PM 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 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

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee



Enrollment Form

Child's full name:			
Prefer to call:		S.S #:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date (mm/dd/yy):		

Mother's name:			
Address:		City:	Zip:
Home phone:		Cell phone:	
Place of employment:		Work phone:	
Email address:			

Father's name:			
Address:		City:	Zip:
Home phone:		Cell phone:	
Place of employment:		Work phone:	
Email address:			

Legal Guardian name:			
Address:		City:	Zip:
Home phone:		Cell phone:	
Place of employment:		Work phone:	
Email address:			

Child lives with:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Both	<input type="checkbox"/> Other relative
Special Circumstances?	i.e. joint custody, adoption, loss of parent or sibling			
How many other children in family?				

Child's primary/ Native language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
What language is used in your home most:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____

Member of St. David or Cristo Rey	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------	--

I understand that tuition payments are due the week before service is given.	Initial: _____
Would you like information about financial aid options?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child is not guaranteed a space in the program until the registration fee is paid.	Initial: _____
<p>How did you hear about our program? <input type="checkbox"/> Friend/Co-worker <input type="checkbox"/> Website <input type="checkbox"/> Sign</p> <p><input type="checkbox"/> DSS/ABC Quality <input type="checkbox"/> Community Event <input type="checkbox"/> Other</p>	
Signature (Parent/ Guardian):	Date:

Authorization to Release Child

Child's Name: _____

Please list *anyone other than* the mother, father, or legal guardian who is authorized to pick up your child (must be 16 years of age). All fields must be completed, and a government-issued form of identification must be provided or your child will not be released.

Name	Address	Phone Number	Identification Number*
1.			
2.			
3.			
4.			

*Identification number from valid Driver's License, Passport or Photo ID

Family Code Word*: _____

*Code words provide verification that an individual is known and trusted as well as act as a safety tool in dangerous or unsettling situations. A family code word should be easy to remember and difficult to guess, both for children and adults. For example, the name of a family pet, like Gato, or favorite snack, like Popcorn, or favorite vacation destination, like Florida.

Please inform any individuals authorized to pick up your child that they are required to show photo identification, know the family code word, and also have their own ProCare PIN in order to pick up your child.

Parent or Guardian Signature: _____ Date: _____

Procare Sign-in/Sign-out Release

For the health, safety, and protection of your child, and in accordance with state regulations, **ONLY** the person(s) who is on your authorization forms may sign your child in/out. He or she is required to input his or her personal ProCare PIN provided by My Amigos Bilingual Education Center and then provide their full legal signature at each drop-off or pick-up. We apologize for any inconvenience this may cause you. It is the law and for your child's safety. If for any reason you forget to sign in or sign out, we will call you to come back and sign.

I understand that State Licensing requires the adult person dropping off and/or picking up my child from school shall record the accurate time of arrival and pick-up by using his or her personal Procure PIN and his or her full legal signature every day that my child attends My Amigos Bilingual Education Center.

Parent or Guardian Signature: _____ Date: _____

Non-Authorization for Contact or Release of Child

The following individuals do NOT have authorization to contact my child. I understand that, where applicable, copies of official documentation from a judge must be kept on file. In the event that said individual tries to contact my child, My Amigos Bilingual Education Center shall contact me and, if necessary, local authorities.

Please list anyone who is NOT authorized to have contact with your child and briefly describe them below.

Name: _____

Describe: _____

Gender	Race	Height	Approximate Weight	Eye Color	Hair Color	Tattoos, piercing, identifiers

Name: _____

Describe: _____

Gender	Race	Height	Approximate Weight	Eye Color	Hair Color	Tattoos, piercing, identifiers

Name: _____

Describe: _____

Gender	Race	Height	Approximate Weight	Eye Color	Hair Color	Tattoos, piercing, identifiers

Parent or Guardian Signature: _____ Date: _____

Photo Authorization Form

Photo Subject Name (Child): _____

Parent or Guardian Name (Print): _____

Please sign any of the applicable photograph releases below that you would like to authorize for your child.

The term “photograph” as used herein encompasses both still photographs and motion picture footage. All photo authorization options are applicable and valid for up to 12 months from the date of signature.

A. Website, Social Media, and Marketing Authorization

I grant permission to My Amigos Bilingual Education Center to use photographs and videos of my child, _____, for use on the website (www.myamigosbec.org), Facebook and Instagram pages (@myamigosbec), or other forms of media, including brochures, magazines, promotional videos on YouTube and television advertisements. For security purposes, your child’s name will NOT be used when published.

I hereby waive any right to inspect or approve the photographs and videos that may be used in conjunction with them now or in the future, and I waive any right to royalties or other compensation related to the use of the photographs and videos.

I hereby agree to release and hold harmless My Amigos Bilingual Education Center from and against any claims, damages or liability related to the use of the photographs and videos.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that by signing below I demonstrate my acceptance of the terms of this release.

Parent or Guardian Signature: _____ Date: _____

B. Procure Authorization

I hereby give My Amigos Bilingual Education Center my permission to photograph my child, _____. I understand that photos of my child will be sent through the Procure app to myself and other parents in my child’s class in the form of Daily Activity reports.

I acknowledge that My Amigos Bilingual Education Center does not control parents who use the Procure app, and, therefore, I hold My Amigos Bilingual Education Center

harmless from any claims, damages, or liability related to the use of the photographs and videos.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that by signing below I demonstrate my acceptance of the terms of this release.

Parent or Guardian Signature: _____ Date: _____

C. Partial Procure Authorization

I hereby authorize My Amigos Bilingual Education Center to photograph my child, _____, during school-sponsored activities and/or learning experiences for the purpose of sending the photographs through the Procure app to myself (the child's parents or guardians) only.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that by signing below I demonstrate my acceptance of the terms of this release.

Parent or Guardian Signature: _____ Date: _____

D. Child Not Authorized for Photographs

I hereby withhold photo authorization from My Amigos Bilingual Education Center. Do not allow my child, _____, to be photographed during school-sponsored activities and/or learning experiences. Photographs of my child are not to be used in any form (including, but not limited to, print, websites, blogs, social media, internet, and other applications). I understand that My Amigos Bilingual Education Center will make reasonable efforts to comply with my request. If I become aware of a photograph of my child's likeness, I will notify the administration and request that My Amigos make every reasonable effort to remove my child's likeness from publication.

Parent or Guardian Signature: _____ Date: _____

Getting to Know Our Students

Answering these questions will not exclude your child from our program. Your honest answers allow us to help your child have a successful and positive experience at our center.

Child Name: _____

1. What is your child's dominant language?
2. Please describe your child's temperament in the situations below. (ex. timid, friendly, easily angered, happy, plays aggressively, plays cooperatively, etc.)
 - a. Going to sleep
 - b. Waking up
 - c. When interacting with other children
 - d. Overall
3. Does your child have any particular fears, likes, or dislikes? Please list below. (ex. storms, darkness, dogs)
4. Can your child dress self, put on shoes, and feed self?
 - a. Check if they are able to: ___Can dress self ___can put on shoes
 ___can feed self ___ Can use the bathroom without assistance
 - b. Please describe additional ways your child is or is not able to care for themselves.
5. Has your child experienced a traumatic event? (ex. abuse/neglect, death in the family, serious injury/hospital, natural disaster) ___ Yes ___ No
If you answered yes, please explain.

6. How does your child like to be comforted? (ex, hugs, needs a quiet space to relax, deep breathes, sing a song)
7. Has your child even been asked to leave a childcare center or preschool?
___ Yes ___ No If you answered yes, please explain.
8. Do you have any concerns about your child's behavior or speech? ___ Yes ___ No
If so, please explain.
9. Does your child currently have any diagnosis of intellectual disability? (ex. Autism Spectrum, Speech delay) ___ Yes ___ No
a. If so, please explain.
- b. If yes, does your child receive any services/therapy or need specific accommodations? ___ Yes ___ No
- c. If you answered yes, please describe the service, therapy, or accommodation.
10. If needed, are you willing to cooperate with our administration to seek support or referrals, upon recommendation, using the list of resources provided in our parent handbook? ___ Yes ___ No
11. Is there anything else you would like to share with us about your child to help us get to know him or her better and make his or her experience at My Amigos the best possible?

Parent Signature: _____ Date: _____