

The K3-K4 and After School Program is considered Daycare through the Department of Social Services. Therefore we follow all DSS regulations. The K3-K4 and After School Care will open on Thursday, August 13, 2020. All payments are due on Monday of each week. (Except for the first week. Payment is due Thursday, August 13th). If payment is not received by 12:00pm on Tuesday, there will be a \$20.00 late fee added for each week it is late. Payments are due regardless of whether the child is absent for all or part of the week.

- \* Payments should be made by check to the RWA office or the RWA After School Care staff. Please indicate the week of payment and the child's name on the check.
- \* There is a \$35.00 return check fee. Repeated offenses could result in required money order payment.
- \* Notification will occur when an account is one week in arrears. Any child whose account is two weeks in arrears will be unable to attend RWA Day Care until the account is brought current. A week is considered to run Monday - Friday. Repeated offenses could be grounds for termination from RWA Day Care.
- \* Weeks that include early dismissal days and/or school closing days will be prorated. The daily charge will be an additional \$5.00 per child per day for 12:00pm dismissal. This only applies to those children that would not normally come to RWA Day Care at 12:00pm. School closing days: \$15.00 per day per child. The additional fees are due regardless of what time the child arrives or leaves.
- \* Please note that for early dismissal and school closing days, we have to have a certain number of children to attend day care in order for us to be open. Forms are included in this packet to inquire interest for these times. We will also send out reminders of early dismissal and/or school closings.
- \* Children should be picked up by their designated pick-up time. A \$10.00 late fee will be charged for the first five minutes and \$5.00 for every five minutes after the time that was designated for your child(ren) to be picked up.
- \* We require one week notice if you decide to withdraw your child(ren) from the RWA Day Care Program.

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## RWA Day Care Rates (per week)

	One Child	Two Children	Three Children
<b>M-F 12:00-2:30</b>	<b>\$50.00</b>	<b>\$94.00</b>	<b>\$137.00</b>
<b>M-F 12:00-4:30</b>	<b>\$55.00</b>	<b>\$104.00</b>	<b>\$153.00</b>
<b>M-F 12:00-6:00</b>	<b>\$67.00</b>	<b>\$128.00</b>	<b>\$189.00</b>
<b>M-F 2:30-4:30</b>	<b>\$42.00</b>	<b>\$80.00</b>	<b>\$117.00</b>
<b>M-F 2:30-6:00</b>	<b>\$53.00</b>	<b>\$100.00</b>	<b>\$147.00</b>

Hourly rate is \$5.00/hour per child

**These rates will be reviewed by the RWA Board of Directors in September. The rates will be adjusted according to enrollment. There may or may not be an increase.**

I/We \_\_\_\_\_ parent(s)/guardian(s) of \_\_\_\_\_, have read, understand, and agree to adhere to the payment procedures agreement set forth by RWA Day Care. My child(ren) will attend RWA Day Care between the hours of \_\_\_\_\_. I/We agree to pay \_\_\_\_\_ per week to the RWA Day Care for child(ren).

Person responsible for payment (print) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Signature of director/operator \_\_\_\_\_

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: Richard Winn Academy/Early Learning Center County: Fairfield  
 Address: 1796 Old Chester Rd. Winnsboro, SC 29180  
Street Address - no Post Office Boxes

Child's Name: \_\_\_\_\_  
Last First Middle Initial City, State, Zip

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_  
Nick Name

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

Parent/Guardian's Full Name: \_\_\_\_\_  
Street Address City, State, Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_  
Street Address City, State, Zip

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 \_\_\_\_\_ 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

Emergency Care Provider: \_\_\_\_\_  
Street Address City, State, Zip Telephone

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

Admission Date: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last)

D.O.B. \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

Nickname: \_\_\_\_\_

Child's Sex:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent's Contact Information**

**Mother/Guardian Info:**

Full Name: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Diver's License # \_\_\_\_\_

Email: \_\_\_\_\_

Employment: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

**Father/Guardian Info:**

Full Name: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Diver's License # \_\_\_\_\_

Email: \_\_\_\_\_

Employment: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

**PICK-UP AUTHORIZATION:**

The following people are authorized to pick up my child, \_\_\_\_\_

1. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
4. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I have received a copy of the RWA Day Care Handbook and all the policies. I have read, understand, and agree to all of the rules and regulations.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

# DISCIPLINE STATEMENT

I understand that inappropriate behavior (such as biting, spitting, slapping or kicking) which may be harmful to other children or the teachers will be handled in the following manner:

First Offense: Time Out with a note sent home to parents

Second Offense: Parents will be called to pick up child.

Third Offense: Immediate expulsion (removal) of child from daycare

Note: We do not participate in any form of corporal punishment, not even when authorized by the parent.

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

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

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

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

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

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

\*\*\*\*\*This form must be signed and dated yearly.



**PERMISSION TO ADMINISTER MEDICATION**  
 (To be completed by parent)

Child's Name \_\_\_\_\_

Name of Medication \_\_\_\_\_ Refrigerate? \_\_\_\_\_

Dosage \_\_\_\_\_

Times to be Given \_\_\_\_\_

Dates to be Given \_\_\_\_\_

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

**RECORD OF MEDICATION GIVEN**  
 (To be completed by Center Staff and a copy returned to parent/guardian)

	Monday	Tuesday	Wednesday	Thursday	Friday
Date	_____	_____	_____	_____	_____
Time	_____	_____	_____	_____	_____
By	_____	_____	_____	_____	_____
Initial	_____	_____	_____	_____	_____

\*\*\*\*\* Medication records need to be kept on file for one year.  
 Center must keep a copy of this record as well as give a copy to the  
 parent/guardian.

## Early Dismissals

\_\_\_\_\_ Yes I have \_\_\_\_\_ child/children that will stay on 12:00PM dismissals.

\_\_\_\_\_ No my child/children will not stay on early dismissals.

I hereby acknowledge that I have received, read and agree to all policies and guidelines in the Richard Winn Academy K3 – K4 and After School Day Care handbook.

Name \_\_\_\_\_ Date \_\_\_\_\_

# RICHARD WINN ACADEMY

1796 Old Chester Road  
Winnsboro, S.C. 29180

## PERMISSION TO ATTEND AND RELEASE OF LIABILITY

We, \_\_\_\_\_ and \_\_\_\_\_

as parents or legal guardians of \_\_\_\_\_

hereby give our permission for said child to attend

Library, Fine Arts Room, Art Room, and all other rooms

We agree to release and discharge Richard Winn Academy, its agents, and employees from any and all manner of actions, causes of actions, judgments, liability, claims and demands of every kind and nature whatsoever, which said child, ourselves, or our heirs, executors and administrators may have by reason of said child's transportation to, attendance at, and return from above activity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature