



## APPLICATION

Date of Application: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

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

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

Child's SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Contact Number(s): Hm: ( ) Cell: ( )

Mother's Employer: \_\_\_\_\_

Mother's Work Number: ( )

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Contact Number(s): Hm: ( ) Cell: ( )

Father's Employer: \_\_\_\_\_

Father's Work Number: ( )

Mother/Father's Email: \_\_\_\_\_

Please list all names, relationships and ages of people living in the child's home. Additional names can be added on back of page.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Referred by: \_\_\_\_\_

Funding Source: ☐ Private Pay ☐ ABC Voucher ☐ ABC Special Needs ☐ DDSN

Do you need transportation? ☐ No ☐ Yes

### Child's Development and Health History

#### Physical Health:

Has your child had any health issues in the past? ☐ No ☐ Yes If yes, please explain \_\_\_\_\_

Does your child have any health issues now? \_\_\_\_\_

Does your child have any recurring chronic illness or health problems (such as asthma or frequent earaches)? ☐ No ☐ Yes if yes, please list \_\_\_\_\_

Does your child have a diagnosed disability (such as cerebral palsy, seizure disorder, autism)? ☐ No ☐ Yes if yes, please list \_\_\_\_\_

Do you have any other concerns about your child's health? ☐ No ☐ Yes if yes, please explain \_\_\_\_\_

Describe your child's development compared to other children his/her age: \_\_\_\_\_

Does your child have any issues with talking or making sounds? ☐ No ☐ Yes if yes, please explain \_\_\_\_\_

Does your child have any issues with walking, running or moving? ☐ No ☐ Yes if yes, please explain \_\_\_\_\_

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Does your child have any problems with hearing or vision? ☐ No ☐ Yes if yes, please explain.

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Does your child have any problems using his/her hands (such as with puzzles, drawing, small building pieces)? ☐ No ☐ Yes if yes, please explain.

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**Daily Living:**

Does your child take a bottle? ☐ No ☐ Yes

What type of formula do you use? \_\_\_\_\_

What amount of formula is given? \_\_\_\_\_

Should the bottle be warmed? ☐ No ☐ Yes

Does your child hold his/her own bottle? ☐ No ☐ Yes

Does your child eat food? ☐ No ☐ Yes

What type of food? ☐ Baby Food ☐ Table food ☐ Other \_\_\_\_\_

Does your child have any special feeding needs? Please explain \_\_\_\_\_

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What food does your child like? \_\_\_\_\_

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What food does your child dislike? \_\_\_\_\_

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Does your child toilet independently? ☐ No ☐ Yes

Does your child use ☐ diapers ☐ pull-ups ☐ NA

How does your child indicate bathroom needs? \_\_\_\_\_

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Does your child have any special toileting needs? ☐ No ☐ Yes if yes, please explain

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What is your child's regular sleeping pattern? Awakes at \_\_\_\_\_. Naps at \_\_\_\_\_.

How does your child sleep (on his/her back or stomach)? \_\_\_\_\_

How does your child like to go to sleep (i.e. rocking, cuddling, a blanket)? \_\_\_\_\_

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### **Social Relationships/Play**

What ages are your child's most frequent playmates? \_\_\_\_\_

Does your child play well alone? ☐ No ☐ Yes

What is your child's favorite toy? \_\_\_\_\_

What is the most effective way to discipline your child? \_\_\_\_\_

Who does the most disciplining in your family? \_\_\_\_\_

With what adults does your child have frequent contact? \_\_\_\_\_

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How do you comfort your child? \_\_\_\_\_

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Does your child have a special comforting item? ☐ No ☐ Yes if yes, please  
list \_\_\_\_\_

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What else should we know about your child?

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We greatly appreciate you taking the time to complete this application as thoroughly as possible.  
This information will help us best serve you and your child.

Feel free to add additional pages if you need more space to share information.



## **STUDENT EMERGENCY INFORMATION SHEET**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

### **PARENT / GUARDIAN INFORMATION**

**Father's Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_

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

**Mother's Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_

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

### **EMERGENCY CONTACTS**

**(Must list at least 2 people other than parent / legal guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### **EMERGENCY CONTACT HEIRARCHY**

**In case of an emergency list all persons in the order you wish them to be contacted.  
Include parent / legal guardian.**

#1Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#2Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#3Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#4Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### **MEDICAL INFORMATION**

Pediatrician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Other Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Hospital Choice: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

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**CURRENT MEDICATIONS**

(If more space is needed, please attach additional sheet)

<u>Medication</u>	<u>Dosage</u>	<u>Time Taken</u>
1)		
2)		
3)		
4)		
5)		
6)		
7)		

**ALL PERSONS AUTHORIZED TO PICK UP YOUR CHILD**

(Your child WILL NOT be permitted to leave with anyone other than listed parents  
or other persons listed here)

**\*\*We must keep a current photo id on file of all authorized persons\*\***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**CHILD IS NOT PERMITTED TO LEAVE WITH**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Parent/Legal Guardian Signature

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Date



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### AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Facility of Choice: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In the event of a medical emergency, every effort will be made to contact the parent/legal guardian and the child's pediatrician. If the situation appears life-threatening or serious, EMS will be called and the child will be transported to the emergency facility listed above.**

I hereby authorize the staff of the Charles Webb Center to follow the special instructions and procedure listed above for my child.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

11/2010





Child: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby authorize the agencies listed below to release and/or receive information about my child. This information will include medical, psychological, social, educational, developmental and therapy reports.

S.C. Department of Health and Environmental Control

Babynet

Children's Rehabilitative Services (CRS)

Women, Infants, and Children (WIC)

S.C. Department of Disabilities and Special Needs

Early Intervention and Service Coordination Providers

Medical University of South Carolina (MUSC)

Vince Moseley Clinic

Pediatric High Risk

NICU

Charleston County School District

Pediatrician: \_\_\_\_\_

Specialists: \_\_\_\_\_

Other: \_\_\_\_\_

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

I understand that the shared information will only be used to coordinate and plan services for my child and my family. Confidentiality will be maintained, I may withdraw my consent at anytime by writing a note to the agencies listed above. A photocopy of this form is valid. The sharing of information may take the following forms: verbal (phone or direct conversation), electronic, or written reports. This release will be valid one year from the date signed.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



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### PHYSICIAN'S REFERRAL FORM

(Please have child's pediatrician complete and sign this form)

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_

Complete Diagnosis: \_\_\_\_\_

Recommendations for Services (PT, OT, ST, Etc): \_\_\_\_\_

Precautions and/or special instructions (diet, allergies, physical activity, etc):

List Orthopedic Equipment (currently used or needed):

Significant History (date & type of surgeries, procedures, and/or significant illnesses):

Physician's Signature & License #

Date

Address:

Phone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Office Contact Person: \_\_\_\_\_



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## GENERAL RELEASE AND ENROLLMENT AGREEMENT

In enrolling my child in The Charles Webb Program, I agree to the following: (unless otherwise specified in writing).

1. I consent to have photographs (still, film, and/or videotape) taken of my child to be used in publicity for the center's programs, including television and media print.
2. I give permission for my child to participate in the field trips which take place in the immediate vicinity of the center; i.e. walks, and park trips within walking distance.
3. I understand that I will be informed of any field trips which require van transportation. I will be required to sign a written permission form in order for my child to participate in all field trips that require van transportation.
4. I authorize my child to participate in community education programs at the center. I understand that students from local colleges and universities participate in the Center's activities as part of their professional training. I understand that the students will be observing and working with my child under the direct supervision of the Center staff. I understand that the student may need access to my child's records in order to learn and work effectively with my child. Students will be informed of confidentiality practices.

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Parent/Legal Guardian Signature

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Date

**\*\***I understand that my child will be assigned an accountability level 1 while at the Webb Center. This means that my child will have direct, continuous visual supervision at all times. This level complies with DSS and DDSN requirements that a child will not be left alone at any time while in a childcare facility.

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Parent/Legal Guardian Signature

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Date



**While my child is enrolled at the Charles Webb Center, I agree to the following (*unless otherwise specified in writing*):**

### **Transportation Permission Form**

1. I give permission for my child to be transported to and from the Charles Webb Center.
2. I understand that food, drinks, and tobacco products are prohibited on Charles Webb Center Vehicles. I agree to not send food or drink with my child on the bus.
3. I understand that no child will be left unattended on the vehicle at any time.
4. I have been informed that all Charles Webb Vehicles have a first aid kit and emergency information on each child.

### **Field Trip Permission Form**

1. I give permission for my child to participate in various fieldtrips that are scheduled throughout the year which may take place in the immediate vicinity of the center as well as trips away from the center; i.e. walks, parks, restaurants, pet store, aquarium, and other community outings.
2. I consent to have photographs (still, film, and/or videotape) taken of my child while on the field trip to be used in publicity for the center's programs, newsletters, including television and media print.
3. I understand that I will be informed of any field trips which require bus transportation. I can refuse to send my child on the field trip at that time and understand that my child will remain at the center joining another class and given age appropriate activities.
4. I agree to have my child dressed appropriately for the field as requested, supply lunch if needed, and at the center on time for departure. I understand that by not arriving on time or having my child properly dressed for the trip, my child may not be able to attend the field trip due to the bus not being able to wait on my child. I understand by not packing a lunch for my child, a bag lunch will be provided by the center.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**



1611 Evergreen Street  
Charleston, SC 29407

(843) 852-5545  
FAX (843) 852-5570

## Photograph / Video recording Release

I authorize photographs and / or video recordings of myself / my family member \_\_\_\_\_  
\_\_\_\_\_ to be used by the Disabilities Board of Charleston County ("DBCC") and / or the Disabilities Foundation of Charleston County, Inc., ("Disabilities Foundation") for the purposes of education, marketing, promotion and/ or advertising. These image(s) may be used on any marketing materials (i.e. fliers, brochures, etc.), on the DBCC and / or Disabilities Foundation website, and other Internet social media such as Facebook or MySpace.

I understand that, depending on the Terms of Service of Internet venues owned and operated by third parties, content published there may no longer be owned by or under the control of DBCC or the Disabilities Foundation. I understand that, once published, appropriate use of agency-created content by third parties can not be guaranteed. The DBCC and the Disabilities Foundation will use available technology to limit, to the extent possible, the ability of third parties to copy or use images published online.

Neither the Disabilities Board of Charleston County nor the Disabilities Foundation of Charleston County, Inc., their agents or employees, will be held liable should my photo(s) be used for any unintended or unauthorized purpose which could result from their public display.

No other personally identifiable information about myself / my family member will be published. First names only will be used, unless specific permission has been given for the release of last names.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** If the person in the photo(s) is a minor or has a legal guardian, the signature of a parent or guardian is required. All adults must sign for themselves.

**DISABILITIES BOARD OF CHARLESTON COUNTY  
DISABILITIES FOUNDATION OF CHARLESTON COUNTY  
PO Box 22708  
Charleston SC 29413  
(843) 805-5800**



1611 Evergreen Street  
Charleston, SC 29407

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FAX (843) 852-5570

## **Physical Activity Policy**

**Policy Statement:** The Charles Webb Center 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 offer variety. In order to promote physical activity and provide all children with numerous opportunities throughout the day The Charles Webb Center 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 The Charles Webb Center 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. 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 Charles Webb Center. We request that you keep him/her 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 nutrition policy, it has been reviewed with me, and I have read and understand this policy.***

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

Please check appropriate: ☐ Staff ☐ Parent (name of child \_\_\_\_\_)

9/2013







1611 Evergreen Street  
Charleston, SC 29407

(843) 852-5545  
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## **Inclusion Policy**

### **Mission Statement**

***Serving all children and specializing in children who have special needs***

### **Policy Statement**

The Charles Webb Center welcomes all children and is committed to providing developmentally appropriate early learning and development experiences that support the full access and participation of each and every child. We believe that each child is unique and work in partnership with families and other professionals involved with the child to provide the support every child needs to reach their full potential.

### **Procedures:**

#### **Inclusive Environment**

Early childhood educators at the Charles Webb Center use developmentally appropriate practices and consider the unique needs of all children when planning. Staff will make every attempt to make any adaptations or modifications necessary to meet the needs of the children. Schedules, routines and activities are flexible and early childhood educators will work with therapists, special educators and other professionals to integrate individual accommodations, modifications and strategies into classroom routines and activities. Any adaptations will be reviewed with families and other professionals supporting the child.

#### **Confidentiality**

Confidentiality applies to all verbal and written information about potential, enrolling and previously enrolled children and their families. All staff will be briefed on the need for confidentiality and will be expected to fulfill their obligation to respect the protection of privacy. Written records will be stored in a secure location with access limited to the director and the child's teacher. No information will be released about a child and the parent/legal guardian during enrollment or transition to another receiving program or school without first receiving the written permission of the parent/guardian. This excludes the responsibility held by early childhood educators

*Our Mission is to aid in each child's growth and development through an educational program, to develop each child's sense of self-esteem, and to strengthen each child's social, language, and preschool skills.*



as mandated reporters of suspected child abuse and neglect as outlined in South Carolina law or when information is subpoenaed by the court.

#### **Family Centered Practices**

The Charles Webb Center acknowledges and respects the priorities each family has for their child. Families are encouraged and supported to collaborate with staff to ensure that each child has an opportunity for optimum success. The Charles Webb Center communicates with each family daily and has regular meetings to discuss the child's successes and challenges.

#### **Professional Development and Support for Staff**

Training and support is provided to ensure that all staff is comfortable, confident and competent to meet the developmental and educational needs of all children. All staff receives an orientation on inclusion policies and attends training focused on effective inclusion and/or other disability topics whenever possible. The director provides additional support and resources as appropriate.

#### **Collaboration with Other Professionals**

Many children with disabilities or other special needs are supported by developmental and educational professionals such as therapists, teachers and others. The Charles Webb Center welcomes those professionals and works with them to assure the child's success. The service provider is encouraged to provide services to the child in the context of the early childhood classroom environment and the child's teacher and the service provider work collaboratively to determine the best strategies to support the child in the group setting.

***My signature below indicates that I have received a copy of the inclusion policy, it has been reviewed with me, and I have read and understand this policy.***

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

Please check appropriate: ☐ Staff ☐ Parent (name of child \_\_\_\_\_)

05/2016

***Our Mission is to aid in each child's growth and development through an educational program, to develop each child's sense of self-esteem, and to strengthen each child's social, language, and preschool skills.***



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## Discipline Policy

**Policy Statement:** Praise and positive reinforce 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, The Charles Webb Center 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.
- Apply rules consistently.
- Model appropriate behavior.
- Set up the classroom environment to prevent problems.
- Provide alternatives and redirect children to accept 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 conflict.

### 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 of 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.

In an effort to address issues conferences will be scheduled with parents if consistent disciplinary problems occur. **If a child's behavior consistently endangers his or his classmate's safety the Charles Webb Center reserves the right, after meeting with parents and documenting behavior problems and interventions, to terminate child care services for that particular child.**

*My signature below indicates that I have received a copy of the dicipline policy, it has been reviewed with me, and I have read and understand this policy.*

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

Please check appropriate: ☐ Staff ☐ Parent (name of child \_\_\_\_\_)



6/2014

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## **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, The Charles Webb Center has developed the following child care nutrition policies to encourage the development of good eating habits that will last a lifetime.

**Child Care Nutrition:** The Charles Webb Center 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 food 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 provides opportunities for children to learn about nutrition 1 time per week or more.
- Staff acts as role models for healthy eating in front of the children.

Meal and snack times are planned so that no child will go for more than four hours without being offered food. We provide a variety of nutritionally balanced, high quality foods each day.

### **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 weekly 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. If you would like to recognize your child's actual birthday, please contact the center manager so that we can make necessary arrangements. Acceptable celebration foods are individually wrapped snacks with the ingredient label attached to avoid any child with allergies consuming something that they are allergic to. Please refrain from bringing in treats without an ingredient label.

### **Professional Development**

Annual nutrition training is required to ensure that all staff understands 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 check appropriate: ☐ Staff ☐ Parent (name of child \_\_\_\_\_)

9/2013

Over →

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: The Charles Webb Center County: Charleston ☐

Address: 1611 Evergreen Street Charleston, SC 29407  
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 \_\_\_\_\_ 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 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