The DIAMOND Child Development Center

2023-2024

STUDENT INFORMATION SHEET

❑ Please Check this box in each Section if any information has changed.

Student:_____ _____
First Last Middle Prefers to be called

❑ Primary Address _____ _____ _____ _____
Street City State Zip

Birthday: _____ Sex:_____ Program_____

❑ PARENT/GUARDIANS

❑ Emergency Contact

_____ Relationship:_____
First Last

❑ Phones: Cell: _____ Driver License #:_____
(please provide copy of DL for File)

Email:_____ Lives with student: ☐ Yes ☐ No

Employer: _____Phone: _____Ext._____

❑ Emergency Contact

_____ Relationship:_____
First Last

❑ Phones: Cell: _____ Driver License #:_____
(please provide copy of DL for File)

Email:_____ Lives with student: ☐ Yes ☐ No

Employer: _____Phone: _____Ext._____

❑ EMERGENCY CONTACTS

Please list additional emergency contacts to call if parents/stepparents are not available.

Name: _____ Relationship: _____ DL#:_____

Address _____ _____ _____ _____
Street City State Zip

Phones C: _____ W: _____ H: _____
Authorized to Pickup: ☐ Yes ☐ No

Name: _____ Relationship: _____ DL#:_____

Address _____ _____ _____ _____
Street City State Zip

Phones C: _____ W: _____ H: _____
Authorized to Pickup: ☐ Yes ☐ No

LIFE THREATENING ALLERGIES/MEDICAL CONDITIONS & MEDICATIONS

❑ Allergies:_____

Medical Conditions_____

Medications being Taken:_____

❑ **FINANCIALLY RESPONSIBLE PARTY** (Person that is legally responsible for paying for services):

Name: _____ SS #:_____ Birthday:_____
Required

Address _____ _____ _____ _____
Street City State Zip

Phones C: _____ W: _____ H: _____ Relationship: _____

Email:_____

I hear by agree to make prompt payment in full of all Tuition, Fees and Costs associated with my child.

_____ _____
Agreement to Pay – Financially Responsible Party Signature Date

❑ **EXTENDED FAMILY INFORMATION** Please supply information below regarding stepparents if applicable.

STEPMOTHER Authorized to Pickup: ☐ Yes ☐ No

Name: _____ DL#:_____
First Last Middle **(please provide copy of DL for File)**

Phones: Cell: _____ Home: _____

Email:_____ Lives with student: ☐ Yes ☐ No

Employer: _____Phone: _____Ext._____

STEPFATHER Authorized to Pickup: ☐ Yes ☐ No

Name: _____ DL#:_____
First Last Middle **(please provide copy of DL for File)**

Phones: Cell: _____ Home: _____

Email:_____ Lives with student: ☐ Yes ☐ No

Employer: _____Phone: _____Ext._____

❑ **SIBLING INFORMATION**

Name_____ DOB ___/___/____ Name_____ DOB ___/___/____

Name_____ DOB ___/___/____ Name_____ DOB ___/___/____

❑ **PARENTAL PERMISSIONS**

- I give permission for my child to participate in all routine daycare activities, including athletics, fieldtrips and daycare-sponsored trips and be transported on daycare-approved transportation.

  ☐ Yes ☐ No _____
  Parent Signature

- I give permission for my child to be included in any pictures and/or videos taken that may be used in publications, productions, websites, classroom evaluations or advertisements.

  ☐ Yes ☐ No _____
  Parent Signature

MEDICAL INFORMATION

EMERGENCY CARE

❑ In the event of an emergency, please contact _____ at the following number_____ **FIRST**. If unable to reach the emergency contact, I hereby give my permission for my child, as needed, to be transported to a medical facility and for a doctor and/or attending physician to hospitalize and/or provide proper treatment for my child. I also give my permission for daycare personnel to administer medication and provide and/or obtain emergency care as needed.

_____ _____

Permission to Transport/Dispense Emergency Care – Parent Signature Date

❑ Student's Doctor _____ Phone ___ _____

Student's Dentist _____ _____ Phone _____

❑ Please indicate all that apply to your child:

- ❑ Glasses/Contacts ❑ Hearing Loss ❑ Speech Defects
- ❑ Migraines ❑ Severe Headaches ❑ Epilepsy
- ❑ Bladder or Urinary Problems ❑ Heart Condition/Murmur ❑ Kidney Disorder
- ❑ ADD/ADHD (Taking Medication ☐ Yes ☐ No) Medication:_____
- ❑ Asthma (Medication/Inhaler ☐ Yes ☐ No) Medication:_____
- ❑ Diabetes (Medication/Insulin ☐ Yes ☐ No) Medication:_____
- ❑ Seizures - Describe_____ Medication:_____
- ❑ Life Threatening Allergies:_____Medication:_____

Only medications prescribed by a Doctor can be given by our Staff to your Child. All medicines must be in the original container with the Prescription and Dosage information. If any other medications are needed you must come to the Daycare and administer them to your child. Please read the Handbook for all Medical Policies and Procedures.

I have read and understand the Medication Procedures in the Student Handbook

_____ _____

Parent Signature Date

❑ Shot Records Attached Dated: _____

Please Note: Current DSS Shot Record from Health Department must be received prior to first day of attendance.

❑ Authorized Pickup List

Please list anyone other than parents/stepparents authorized to pick up your child. ALL Information including address and phone number must be provided. A copy of a photo ID of each person must also be provided.

Name: ____________________________________ Relationship: _____________ DL#:__________________

Address ____ ___________________ ______ ___________
Street City State Zip

Phones C: _______________________________ W: ___________________________ H: ______________

Name: ____________________________________ Relationship: _____________ DL#:__________________

Address ____ ___________________ ______ ___________
Street City State Zip

Phones C: _______________________________ W: ___________________________ H: ______________

Name: ____________________________________ Relationship: _____________ DL#:__________________

Address ____ ___________________ ______ ___________
Street City State Zip

Phones C: _______________________________ W: ___________________________ H: ______________

Name: ____________________________________ Relationship: _____________ DL#:__________________

Address ____ ___________________ ______ ___________
Street City State Zip

Phones C: _______________________________ W: ___________________________ H: ______________

Name: ____________________________________ Relationship: _____________ DL#:__________________

Address ____ ___________________ ______ ___________
Street City State Zip

Phones C: _______________________________ W: ___________________________ H: ______________

❑ Non-Authorized Pickup List

Please indicate anyone who is barred from picking up the student. If the person is one of the child's parents or legal guardian, The Diamond must have a copy of court papers on file in order to enforce.

	Name	**Relationship**	
1.	_________________________________	___________________	Court Papers on file: ☐ Yes ☐ No
2.	_________________________________	___________________	Court Papers on file: ☐ Yes ☐ No

Office Use Only

Door Code____________

Start Date___________Removal Date:_____________ Reason:___________________________________Readmit: ☐ Yes ☐ No

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 Diamond Child Development Center County: Cherokee

Address: 104C Webber Road Gaffney, SC 29341
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

Please Complete Other Side

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

The Diamond Child Development Center

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

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

The DIAMOND Child Development Center
Because All children are a "Diamond in the Rough"

Acknowledgement of Expectations Discipline Policy & Evacuation Plan

Student: _____

I have read , understand, and agree with the expectations of The Diamond Child Development. I understand that I will be held accountable for knowing and following the guidelines, policies, and expectations contained in this handbook.

Signed_____ Date_____

I have read and understand the and agree to follow the Discipline Policy of The Diamond Child Development.

Signed_____ Date_____

I have read and understand the procedure of evacuating the premises in case of an emergency have a clear understanding as to how the procedure would be carried out.

Signed_____ Date_____