Enrollment Package

Anderson Child & Developmental Center, LLC

Address: 1010 Whitehall Road Anderson, SC 29625
(864) 226-2037

Email: andersonchilddevelopmental@yahoo.com
Director: April Brown- director@acadcenter.com
Nurse: Peggy Dermer-nurse@acadcenter.com
Assistant Director: Alanna Redmond
License#26477

Days of Operation: Monday – Friday
Days of Operation: 6:30am -6:00pm

Welcome

Thank you for choosing Anderson Child & Developmental Center, LLC for your child's care and early education needs. Our goal is to provide a safe, nurturing, inclusive, and developmentally appropriate learning environment for children of all abilities.

Please complete all sections of this enrollment packet and return the required documents before your child's first day of attendance.

Required Enrollment Documents

Please provide the following:

- Copy of child's birth certificate* (Only for 4K)
- Current South Carolina Immunization Record
- DSS Health Statement (if applicable)
- Emergency contact information
- Medical/Allergy Action Plans (if applicable)
- Custody documentation (if applicable)
- Special needs/IEP/IFSP documentation (if applicable)
- Parent/Guardian photo identification

CHILD INFORMATION

Child's Full Name: _____

Preferred Name/Nickname: _____

Date of Birth: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Language Spoken at Home: _____

Enrollment Date Requested: _____

Schedule Needed:

☐ Full-Time
☐ Part-Time
☐ Before School
☐ After School
☐ Summer Program

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Name: _____

Relationship to Child: _____

Home Address (if different): _____

Employer: _____

Occupation: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Preferred Contact Method: ☐ Call ☐ Text ☐ Email

Parent/Guardian #2

Name: _____

Relationship to Child: _____

Home Address (if different): _____

Employer: _____

Occupation: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Preferred Contact Method: ☐ Call ☐ Text ☐ Email

EMERGENCY CONTACTS

Emergency Contact #1

Name: _____

Relationship to Child: _____

Phone Number: _____

Authorized to Pick Up Child? ☐ Yes ☐ No

Emergency Contact #2

Name: _____

Relationship to Child: _____

Phone Number: _____

Authorized to Pick Up Child? ☐ Yes ☐ No

CHILD HEALTH INFORMATION

Child's Physician: _____

Physician Phone Number: _____

Dentist: _____

Dentist Phone Number: _____

Health Insurance Provider: _____

Policy Number: _____

Does your child have any allergies? ☐ No ☐ Yes

If yes, explain: _____

Does your child require medication while at the center? ☐ No ☐ Yes

If yes, explain: _____

Does your child have any medical conditions, developmental delays, or special needs we should be aware of? ☐ No ☐ Yes

If yes, explain: _____

Does your child have an IFSP, IEP, therapy services, or accommodation? ☐ No ☐ Yes

If yes, explain: _____

MENTAL & BEHAVIORAL INFORMATION

Has your child previously attended daycare or preschool?

☐ No ☐ Yes If yes, where? _____

Describe your child's personality and interests: _____

What comforts your child when upset? _____

Are there any fears, routines, or behavioral concerns we should know?

NUTRITION & FOOD INFORMATION

Does your child have dietary restrictions? ☐ No ☐ Yes

If yes, explain:

Can your child eat the following? ☐ Dairy ☐ Peanut Products ☐ Eggs ☐ Wheat/Gluten

TRANSPORTATION PERMISSION

I give permission for my child to participate in approved transportation activities. ☐ Yes ☐ No

Parent/Guardian Initials: _____

FIELD TRIP PERMISSION

I give permission for my child to participate in supervised field trips and center activities.

☐ Yes ☐ No Parent/Guardian Initials: _____

PHOTO/MEDIA RELEASE

I authorize Anderson Child & Developmental Center, LLC to use photographs or videos of my child for:

☐ Classroom Projects
☐ Parent Communication Apps
☐ Social Media
☐ Website
☐ Marketing Materials
☐ I Do Not Give Permission

Parent/Guardian Initials: _____

PAYMENT AGREEMENT

Registration Fee: $ _____ Weekly Tuition Rate: $_____ Payments are due on Monday.

Accepted Payment Methods:

☐ Cash ☐ DSS Voucher
☐ Online Payment ☐ Check

Late Pick-Up Fee: $7.00 I understand tuition is due regardless of attendance.

Parent/Guardian Initials: _____

PARENT HANDBOOK ACKNOWLEDGEMENT

I acknowledge that I have received and reviewed the Parent Handbook for Anderson Child & Developmental Center, LLC and understand the policies and procedures.

Parent/Guardian Signature: _____ Date: _____

DSS & LICENSING ACKNOWLEDGEMENT

I understand that Anderson Child & Developmental Center, LLC operates in compliance with South Carolina Department of Social Services childcare licensing regulations.

Parent/Guardian Signature: _____Date: _____

RELEASE OF LIABILITY

I release Anderson Child & Developmental Center, LLC, its employees, and representatives from liability except in cases of negligence.

Parent/Guardian Signature: _____ Date: _____

ENROLLMENT AGREEMENT

I certify that all information provided in this enrollment packet is accurate and complete.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Center Representative Signature: _____Date: _____

OFFICE USE ONLY

Date Application Received: _____

Enrollment Approved By: _____

Classroom Assigned: _____

Start Date: _____

Tuition Rate Confirmed: _____

Documents Received:

☐ Birth Certificate ☐ Health Statement ☐ Emergency Contacts
☐ Special Needs Documentation ☐ Immunization Record
☐ Custody Documentation Signed ☐ Parent Handbook

Notes: _____

AUTHORIZED PICK-UP LIST

The following individuals are authorized to pick up my child from Anderson Child & Developmental Center, LLC.

Name Relationship Phone/Text

1._____

2._____

3._____

4._____

5._____

Photo identification will be required before releasing a child.