

# HCA LITTLE LEARNERS 4K



*Handbook Agreement Form 2022-2023*

**To the parents/legal guardian, please do take note of the following:**

As a parent/guardian, I have read the HCA Little Learners 4K Handbook and understand all policies relating to the operation of the facility.

Tuition Payment Policy/Past Due Accounts  
Removal From Program  
Discipline Policy  
Release of Children  
Emergency Medical Plan

**KINDLY FILL OUT THIS PORTION OF THE AGREEMENT FORM**

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

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Contact Number:** \_\_\_\_\_

\_\_\_\_\_

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



# HCA LITTLE LEARNERS 4K

## 4K Tuition Agreement



**To the parents/legal guardian, please do take note of the following:**

This contract is between Horse Creek academy (hereinafter the "School" and the parent(s) or legal guardian(s) referred to as "Parent", which term includes the singular or plural as applicable of

I, as the undersigned parent or guardian of the student named above acknowledge and agree to the following terms and conditions upon which this financial agreement is offered.

**1. Tuition Obligation (Please Check One)**

Monthly \$560 Payment due on the 1st of the Month

Weekly: \$151.36 Payment due on Monday

**KINDLY FILL OUT THIS PORTION OF THE AGREEMENT FORM**

**2. Tuition Fees (Please initial all statements)**

- I understand that if a monthly payment is received on or after 5th of the month a **\$20.00** late charge fee will be charged to my account .....
- I understand that if a weekly payment is received on/or after Wednesday a **\$10.00** late charge fee will be charged to my account .....
- I understand the returned check fee is **\$30.00**.....
- 4k tuition is due the entire academic year (monthly and/or weekly) for each student enrolled in tuition-based Pre K, whether teaching is face-to-face, remote, or student is absent due to illness .....
- I understand that my child can be removed from the program and his/her spot will be forfeited if my account is 60 days past due. ....

5. Reduced Status



My 4k child is covered by South Carolina Medicaid



This coverage active

*Please submit a copy of the card.*

*Note: You will be notified if you qualify for a reduced payment.*

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This Financial Agreement Contract has been completed and accepted by the undersigned Financially Responsible Party.

Parent/Guardian:

Print Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Print Name : \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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# HCA LITTLE LEARNERS 4K

*Communicable Disease Statement 2022-2023*



**To the parents/legal guardian, please do take note of the following:**

To my knowledge, my child \_\_\_\_\_  
does not have a communicable disease, including hepatitis, tuberculosis, or the HIV  
virus.

KINDLY FILL OUT THIS PORTION OF THE STATEMENT FORM

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

Parent Name: \_\_\_\_\_

CONTACT DETAILS IN THE CASE OF AN EMERGENCY

Name of parents/legal guardian: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_





# HCA LITTLE LEARNERS 4K

*Authorization for Emergency Medical Treatment 2022-2023*

To the parents/legal guardian, please do take note of the following:

In case of a major accident or illness and the parent or guardian cannot be reached immediately, HCA shall be permitted to secure professional medical attention as deemed necessary. Parents and/or guardians will be contacted as soon as possible. HCA personnel will remain with your child until you can be present. If no hospital preference is designated below, your child will be transported to Aiken Hospital.

Please fill out the following information and sign:

KINDLY FILL OUT THIS PORTION OF THE AUTHORIZATION FORM

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

Hospital Preference: \_\_\_\_\_

I hereby give authority to the Administration of HCA or to any staff member he/she appoints, to obtain medical attention or to authorize treatment at the hospital preference listed above or to Aiken Hospital, in the event of a medical emergency.

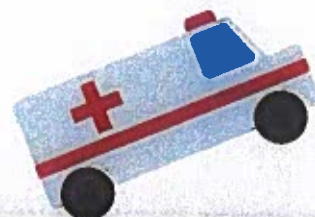
CONTACT DETAILS IN THE CASE OF AN EMERGENCY

Name of parents/legal guardian: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_



# HCA LITTLE LEARNERS 4K

## Photo Release Form 2022-2023

To the parents/legal guardian, please do take note of the following:

While your child is attending HCA, there will be different occasions in which your child's picture/video may be taken such as birthdays, holidays, field trips, special events, or just daily activities in the class. We use the pictures for HCA/Class scrapbooks, class art projects, HCA marketing and/or projects.

Please fill out the following information and sign:

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

### KINDLY FILL OUT THIS PORTION OF THE PERMISSION SLIP

**YES** I, \_\_\_\_\_ am allowing my child \_\_\_\_\_ to have pictures taken and/or pictures/video of my child to be used on HCA marketing and/or projects.

**No** I, \_\_\_\_\_ am not allowing my child \_\_\_\_\_ to have pictures taken and/or pictures/video of my child to be used on the HCA marketing and/or projects.

### CONTACT DETAILS IN THE CASE OF AN EMERGENCY

Name of parents/legal guardian: \_\_\_\_\_

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

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

\_\_\_\_\_

## 4K Student Information Checklist

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

Please fill out this questionnaire honestly. This will help us best serve your child and meet his or her needs.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
1. Does your child cling to you more than you expect?				
2. When upset, can your child calm down within 15 minutes?				
3. Does your child settle himself/herself down after exciting activities?				
4. Does your child cry, scream, or have tantrums for long periods of time?				
5. Does your child go to the bathroom by himself/herself (including wiping independently)?				
6. Does your child stay with activities he/ she enjoys for at least 15 minutes? (other than watching shows or videos, or playing with electronics)				
7. Do you and your child enjoy mealtimes together?				
8. Does your child do what you ask him/her to do? For example, does he wash his hands or wait to take a turn when asked?				
9. Does your child seem more active than other children his/her age?				
10. Does your child sleep at least 8 hours in a 24 hour period?				
11. Does your child use words to tell you what he/she wants or needs?				
12. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?				
13. Does your child do things over and over and get upset when you try to stop him/her? (For example, does he/she rock, flap his hands, spin, etc.? (Please describe.) _____				
14. Does your child follow rules at home or at child care?				
15. Does your child destroy or damage things on purpose?				
16. Does your child stay away from dangerous things,				

such as fire or moving cars?				
17. Do <i>other</i> children like to play with your child?				
18. Does <i>your child</i> like to play with other children?				
19. Does your child try to hurt other children, adults, animals (for example, by kicking or biting)?				
20. Does your child take turns and share when playing with other children?				
21. Is your child worried or fearful? If "sometimes" or "often" or "always," please describe: _____				
22. Does your child comply when redirected by an adult?				

Overall Use this space below for additional comments.

23. Do you have concerns about your child's eating, sleeping, or toileting habits? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

24. What form of discipline do you use at home?

\_\_\_\_\_

25. What responsibilities does your child have at home? (For example, independently getting dressed, cleaning up toys, cleaning up after eating, helping put clothes away, etc.) \_\_\_\_\_

\_\_\_\_\_

26. Does anything about your child worry you? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

27. What do you enjoy about your child?

\_\_\_\_\_

\_\_\_\_\_



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: \_\_\_\_\_ County: SAiken ..

Address: 1200 Toolebeck Rd. Aiken, SC 29803  
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 8:00 am/pm TO 2:15 am/pm

If Child is a drop-in, indicate hours of care: FROM N/A am/pm TO N/A 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

**South Carolina Early Childhood Registration Form 2022–23 School Year**

**Child Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth (*mm/dd/yy*):   /  /   Social Security number (*Preferred but optional*):   -  -  

Sex:  M  F Federal Race/Ethnicity: Is the student Hispanic or Latino?  Yes  No

What is the student's race? Check all appropriate.

- Asian     Black or African American     American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander     White     No response

Child lives with:  both parents     mother     father     grandparent     other (specify): \_\_\_\_\_

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

City: \_\_\_\_\_

County: \_\_\_\_\_ South Carolina    Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address (if different from Home Address): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ South Carolina    Zip Code: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Mother's Education (*highest level*)  Less than high school diploma     GED     H.S. Diploma     Associate Degree  
 Bachelor's Degree     Master's Degree     Doctorate

Father's Place of Employment: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

**Child's Prior Care/Education Provider \*Definitions of providers and full day/partial day are attached (K5 students only)**

Last year my child's care was provided by the following *public provider* (Check one):

- Head Start  
 Prekindergarten at a public school  
 Unknown

My child attended the program (check one)  full day     partial day

Name of provider: \_\_\_\_\_

Last year my child's care was provided by a *private provider* .

My child attended the program (check one)  full day  partial day

Name of provider:

Last year my child's care was provided in a home by an informal childcare provider (Check one):

Parent or relative

Non-relative

**Child's healthcare information**

Did your child weigh less than 5.5 pounds at birth?  Yes  No

My child receives regular medical care from:  Health Clinic (Health Department)

Emergency Room  Family Doctor  Other

List any long-term health concerns, illnesses, and/or allergies:

List any medication(s) prescribed for continuous long-term use:

List any special accommodation(s) that may be required to meet my child's needs most effectively while he or she is at the school:

**Family Income Range**

**Number of persons in family or household:**

Income Range of Family:  \$0-\$10,000  \$10,001-\$20,000  \$20,001-\$30,000  \$30,001-\$40,000  
 \$40,001-\$50,000  \$50,001-\$60,000  \$60,000 and above

**Family Literacy Services**

Who in your family has participated in a school district Family Literacy Program, such as adult literacy, adult education (GED, High School Diploma, ESL), parent education, child development, or parent and adult/child interactive literacy?

Both Parents  Mother  Father  Guardian/Grandparent  No One

Did your child ever participate in school district Family Literacy Services?  Yes  No

If, "yes," please check how long:  1 Year  2 Years  3 Years  4 or more years

**Child's Special Needs**

Does your child have a current Individual Education Program (IEP) or Section 504 plan?  Yes  No

Student's Disability Status:  None  Emotional  Learning  Speech  Physical  Other



## Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined in Plyer v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. This survey is given to all students enrolled in the school district/charter school. The HLS is administered once, upon initial enrollment in South Carolina, and should remain in the student's permanent record.

If a language other than English is recorded for ANY of the survey questions below, the appropriate identification screening assessment will be administered to determine whether or not the student qualifies for additional English language development support.

### Please answer the following questions:

1. What is the language that the student first acquired? \_\_\_\_\_
2. What language(s) is spoken most often by the student? \_\_\_\_\_
3. What is the primary language used in the home, regardless of the language spoken by the student? \_\_\_\_\_
- \*4. In what language do you wish to have communication from the school? \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature above certifies that you understand if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

### For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated

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

Updated August 28, 2019



## Encuesta sobre Lengua Materna (HLS)

El Título VI, Procedimientos de cumplimiento con las lenguas minoritarias, de la Ley de Derechos Civiles de 1964, exige que los distritos escolares y las escuelas autónomas determinen las lenguas que se hablan en el hogar de cada estudiante para identificar sus necesidades lingüísticas específicas. Esta información es esencial para que las escuelas brinden instrucción significativa para todos los estudiantes, como se indica en Plyler v. Doe, 457 U.S. 202 (1982).

El propósito de esta encuesta es determinar la lengua principal o materna del estudiante. Esta encuesta se entrega a todos los estudiantes inscritos en el distrito escolar/escuela autónoma. La HLS se administra una sola vez, luego de la inscripción inicial en Carolina del Sur, y debe permanecer en el registro permanente del estudiante.

Si se registra una lengua que no es el inglés en CUALQUIERA de las preguntas a continuación, se administrará la evaluación apropiada de identificación a los fines de determinar si el estudiante califica o no para recibir apoyo adicional en el desarrollo de la lengua inglesa.

### Responda las siguientes preguntas:

1. ¿Cuál es la primera lengua que aprendió el estudiante? \_\_\_\_\_
2. ¿Qué lenguas habla con más frecuencia el estudiante? \_\_\_\_\_
3. ¿Cuál es la lengua principal que se habla en el hogar, más allá de la lengua que habla el estudiante? \_\_\_\_\_
- \*4. ¿En qué lengua desea recibir comunicados de la escuela? \_\_\_\_\_

Nombre del estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_  
Nombre del progenitor/tutor: \_\_\_\_\_  
Firma del progenitor/tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

Su firma a continuación certifica que usted comprende que si se identificó otra lengua que no es el inglés, se evaluará al estudiante a los fines de determinar si califica para los servicios de desarrollo de la lengua inglesa para ayudarlo a que la hable con fluidez. Si ingresa en el programa de desarrollo de la lengua inglesa, el estudiante tendrá derecho a recibir servicios como aprendizaje de inglés y se lo evaluará anualmente para determinar el dominio que tiene de esa lengua.

### Solo para uso de la escuela:

Personal escolar que administró y explicó la HLS y la ubicación de un estudiante en un programa de desarrollo de la lengua inglesa si se indicó una lengua que no es el inglés.

Nombre: \_\_\_\_\_ Fecha: \_\_\_\_\_

Updated August 28, 2019