



Preschool and Childcare

## APPLICATION

To be completed by parent or guardian.

**Facility:** Ruby's Academy Preschool

**County:** Charleston

**Address:** 1141 Dingle Road

**Mt. Pleasant, South Carolina**

**Zip: 29466**

**Today's Date** \_\_\_\_\_ **Child's Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Preferred Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Siblings (names and ages)** \_\_\_\_\_

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

**Address** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Phone Numbers** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Home**

**Work**

**Cell**

**Driver's License #** \_\_\_\_\_ / **Email address:** \_\_\_\_\_

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

**Address** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Phone Numbers** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Home**

**Work**

**Cell**

**Driver's License #** \_\_\_\_\_ / **Email address:** \_\_\_\_\_

**Please list authorized individuals who may pick up your child, other than parent.**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Is there any custody information we need to be aware of?** \_\_\_\_\_

\_\_\_\_\_

**Previous centers/schools attended.** \_\_\_\_\_

**How did you hear about Ruby's Academy Preschool?**

\_\_\_ **Yellow pages** \_\_\_ **Academy brochure** \_\_\_ **Referral by friend or neighbor**

\_\_\_ **Other. Please explain** \_\_\_\_\_

# APPLICATION FOR RUBY'S ACADEMY

1. \_\_\_\_ I give my permission for my child to use the "Quiet Chair" when a little "Time Out" from the class is necessary.
2. \_\_\_\_ I understand that the use of Corporal Punishment, of any form, will not be used on my child. I as a parent or guardian agree not to use corporal punishment while on or in the facility.
3. \_\_\_\_ I understand if someone other than a parent will pick up my child, I need to fill out a Permission to Pick Up form. A picture ID is required for the release of your child.
4. \_\_\_\_ I understand that my child will not be left unsupervised. Also all teachers and staff have signed a statement agreeing that the use of Corporal Punishment is strictly prohibited.
5. \_\_\_\_ I authorize Ruby's Academy to obtain emergency medical treatment for my child as stated in the emergency policies of our childcare center.
6. \_\_\_\_ I have read the Parent Handbook and agree to the general policies.
7. \_\_\_\_ I understand that my child's records, emergency information, and any other information about my child or family are confidential and may not be copied, posted on a website or disclosed to unauthorized persons, without written consent from the child's parent/guardian.
8. \_\_\_\_ I give my permission for my child's photograph to be used in conjunction with any Ruby's Academy publicity or publications during the year.
9. \_\_\_\_ I understand that parents are to keep children home with the following: those with fever, diarrhea or vomiting within current 24-hour period.
10. \_\_\_\_ I understand that the Director is to be notified in writing Two Weeks In Advance before a child is withdrawn from Ruby's Academy and that I'm required to pay for those two weeks regardless of when the child leaves the school.
11. \_\_\_\_ I understand that students absent for more than 3 weeks must reapply and will be re-admitted as a new student, unless, prior arrangements were made with the Director.
12. \_\_\_\_ I understand that children picked-up after 6:00 p.m. will be charged with an additional fee of \$2.00 per minute.
13. \_\_\_\_ I understand that the Director needs to have the vacation time off request submitted in writing two weeks prior to the child taking the actual time off.
14. \_\_\_\_ I understand that a \$10.00 late fee will be added to tuition accounts that are not paid by close of business Tuesdays.
15. \_\_\_\_ I understand that all policies can be found online @ [www.rubysacademy.com](http://www.rubysacademy.com).
16. \_\_\_\_ I have read the payment policies and agree to abide by them.

**I have read and agree to the above statements. Please initial next to each numbered item.**

Signature of Parent(s) \_\_\_\_\_ Date \_\_\_\_\_

## **EMERGENCY CONTACTS AND PICK – UP**

To be completed by parent or guardian.

**The following person(s) will be contacted in the event that Ruby's Academy cannot contact you.**

**Person(s) listed have my permission to pick up my child(ren).**

**Local residents only, please.**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Hm/wk/cell

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Hm/wk/cell

**I, \_\_\_\_\_, authorize  
Ruby's Academy to follow the above procedure.**

\_\_\_\_\_  
**Parent(s) Signature**

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

# **EMERGENCY TREATMENT CONSENT FORM**

To be completed by parent or guardian.

In the event of a medical emergency, I, \_\_\_\_\_, give

Name of parent/guardian

permission for Ruby's Academy Preschool to arrange for emergency treatment necessary to preserve the health of my child until such a time when I/we can be present. Date \_\_\_\_\_

I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. \_\_\_\_\_ (parent initial).

I acknowledge responsibility for all reasonable charges in connection with care and treatment given during this period. \_\_\_\_\_ (parent initial).

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home

Work

Cell

Pediatrician \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Group # \_\_\_\_\_ Agreement # \_\_\_\_\_

CHILD ALLERGIES \_\_\_\_\_

Medicines child is taking \_\_\_\_\_

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

# **EMERGENCY TRANSPORTATION CONSENT FORM**

To be completed by parent or guardian.

**I understand that no emergency treatment will be given without parental consent except in a life-threatening situation. Since informed consent must be given at the time of the incident, I understand that I must leave working telephone numbers where I, my spouse or another responsible adult can be reached at all times.**

**Ruby's Academy Preschool will arrange for emergency transportation to the nearest emergency medical facility, if necessary. My child will be transported by EMS. In this event a staff member will accompany the child to the hospital and will remain there until a parent arrives. \_\_\_\_\_ (Parent initial)**

Ruby's Academy may contact my child's Physician: \_\_\_\_\_.  
Phone # \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Weight and Height