

For safety, please adhere to these guidelines.

- Cell phone use is not permitted while moving through carpool.
- Always load and unload students at the right-hand curb. Never allow a student to exit a car from the center to cross a lane of traffic. No student is to be dropped off in the parking lot. Please be sure to cross at the crosswalks at all times.
- Observe the speed limit of 10 miles per hour.
- Use your signal lights to indicate when you are ready to merge to the left or the right.
- Pay close attention to school personnel directing traffic and follow their directions.
- **Pull all the way forward so that several cars can unload (in the morning) or load (in the afternoon) simultaneously.**
- **Do not leave an unattended car in a carpool lane.**

Arrival

The safety of our students is always our first priority. Arrival time for students begins at 7:45 AM. At this time, staff members meet arriving students, open car doors, and generally “attend” as necessary. Class begins at 8:00 AM and all exterior doors are locked at this time. **Students who arrive after 8:00 AM should check in with the Lower School office to sign-in before entering class.** Faculty/staff nor parents are not permitted to open locked doors for late arrivals.

Early Arrival

Supervision for students is available from 7:30AM to 7:45AM. All preschool students who arrive during this time period should report to their classroom where they will be met with a supervising teacher. All students in grades K-4 who arrive during this time period should report to the designated room (orange cone on hallway) where they will be met by a supervising teacher. Students should not arrive before 7:30AM unless approved by the Lower School Head in advance. Students may NOT walk into the building alone if they arrive at 7:30AM. Parents must walk their child in to the designated classroom (orange cone in hallway).

Where do students go between 7:45 AM and 8:00 AM?

Students always go to their homerooms where they will be met by their teachers beginning at 7:45 AM.

Morning Carpool:

There are two options for morning carpool.

Option 1: The circle in front of the 100 wing is a **drop off area only**. **There will be no parking in this circle.** Please pull up to the porch in front of the 100 wing and your child will exit from the car and will be escorted to the classroom by a teacher. Please arrange vehicles so children riders may exit from the passenger side **ONLY**.

Option 2: If you want to walk in with your child, park in the parking lot and walk along the sidewalk along the grass or cross on the **painted cross-walk** only. For safety reasons, our goal is to keep families from walking in the parking lot.

Kindergarten – 4th Grade Morning Carpool

All students in Kindergarten – 4th grade will be dropped off at the Lower School Lobby Carpool Circle. **Kindergarten – 4th grade students should not enter through the 100 or 200 wing unless their 3K/4K sibling is being dropped off there.**

Morning Walk-In (Kindergarten – 4th Grade)

On days parents want to walk with their child to class, please park, walk on the sidewalk, and cross at the cross-walk at all times to the building. For safety purposes, no families/children may walk in the parking lot unless crossing the cross-walk beside the 100 wing.

12:15 PM Pick-Up for 2K, 3K, 4K

2K, 3K & 4K students will dismiss from the 100 wing carpool area. Teachers will individually load children into their cars; however, per DSS regulations, it is the parent’s responsibility to pull forward and secure the child in his/her car seat.

2:30 PM Carpool

2K, 3K & 4K students will dismiss from the 100 wing carpool area. Procedures are the same as the 12:15 PM pick-up. If an older sibling is riding in the same car, that child will be escorted to the 3K/4K carpool area.

Parents must notify the school if someone who does not regularly pick up their child will be picking up their child. Parents must provide the school with accurate contact information for this person if the parents will not be able to be contacted. The names of all adults authorized to pick up a child must be on file with the school along with a copy of the persons photo ID. When an adult who does not routinely pick up a child comes to the school, a photo ID must be presented to the administrator or front office personnel before the person enters the child's classroom or before the child enters the car.

2:30 PM Pick-Up for Kindergarten – 4th Grade

Students in Kindergarten – 4th will be picked up in the Lower School Lobby Carpool Circle. If any of these students will be riding with a preschool student, they will be escorted to the 2K/3K/4K carpool area.

Late Departures

Late departures are handled in the following way. 2K, 3K & 4K students not picked up by 12:30PM will be taken to Lunch bunch and parents will be charged by Extended Day rates accordingly. Kindergarten – 4th grade students not picked up by 2:45PM will be taken to Homework Club and parents will be charged by Extended Day rates accordingly. Rates will not be prorated. Lower School students are never allowed to remain on any part of the Spartanburg Day School campus (including the library) without supervision after the end of the school day. If a student is going to go to the library, prior arrangements must be made with the school librarian to ensure supervision.

OPTIONS AFTER 2:30 PM CARPOOL

Please see Extended Day Program guide for a complete list of programs.

2K/3K/4K Lunch Bunch: 12:30PM – 2:30 PM (drop in available/billed monthly)

Homework Club: 2:30 PM – 3:30PM (drop in available/billed monthly)

Extended Day: 3:30 PM – 6:00 PM (drop in available/billed monthly)

If your Lower School child has a sibling in the Middle School, we have a designated area for Lower School students until the Middle School carpool at 3:00 PM. The students will be escorted down to the Middle School carpool area for pick up.

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: _____ Select County ...

Address: _____
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

This form is to be completed for each child at the time of enrollment with the Spartanburg Day School, updated by the guardian as needed when changes occur, and maintained on file at Spartanburg Day School.

Student Name: _____

Family Member Signature: _____

In order for us to safely dismiss your child, we would like to ask for names of individuals that are permitted to pick up your child. Please provide us with a photo ID of anyone that will pick up your child other than parents.

Please list the individuals, phone numbers and their relationship to your child. Please let us know throughout the year if there are any changes to this information.

Individuals Name	Phone Number(s)	Relationship

****Please list the individual(s) who may NOT pick up your child:**

Individuals Name	Relationship

This form is to be completed for each child at the time of enrollment with the Spartanburg Day School, updated by the guardian as needed when changes occur, and maintained on file at Spartanburg Day School.

Student Name _____ Grade: _____ Age: _____

AUTHORIZATION OF MEDICAL TREATMENT: In the event of an illness or accident, I hereby give permission to a representative of the Spartanburg Day School to act for me in my behalf as the parent or other person having the legal authority to act for the student named above in the securing of medical, surgical, and/or dental treatment. In the event of an emergency, I hereby give permission to the physician selected by Spartanburg Day School to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for the student named above. I certify that I am the parent and have the legal ability to sign these authorizations on behalf of the student named above. I consent to the release of information to Spartanburg Day School and to the insurance company. **I understand that every effort will be made to contact me prior to treatment.**

_____ (Signature of Legal Guardian) _____ (Date)

PERTINENT INFORMATION: As the parent or legal guardian of the student listed above, I give my permission for the nurse to divulge pertinent information to selected persons in charge of student care regarding any health concerns pertaining to my child.

_____ (Signature of Legal Guardian) _____ (Date)

PLEASE provide further information. (Check if the condition applies to the student)

____ Seizures? Epilepsy?
 • Type: Grand mal ____ Focal ____ Petite mal ____ Febrile ____ Occurance: once ____ occasional ____ frequent ____
 • Treatment: Controlled with medication ____ Medicated only when needed ____
 Medication _____
 ____ Concussion? ____ Date: _____
 ____ Fainting? Specify: _____
 ____ Frequent headaches? Migraines? (Circle) suggested treatment _____
 ____ Asthma? Specify triggers for attacks _____
 • Does student carry a rescue inhaler? ____ Does student use a nebulizer? ____
 ____ Gastro-intestinal or urinary conditions? Specify: _____

Allergies:

____ Food Allergy? To: _____ Reaction: _____
 To: _____ Reaction: _____
 PLEASE SEE Food Allergy letter and Treatment Form included in Health Forms
 ____ Hay fever (seasonal or environmental) Specify allergen: _____
 • Treatment: _____
 ____ Animal (bee, cat, horse, feathers, dander) Specify: _____
 ____ Medicinal (penicillin, sulfa) Specify: _____
 Does your child carry an EpiPen? ____ (yes or no)

Please list daily medications (dosage and time of day) that is administered at home:

Medication: _____ Dosage: _____ Time: _____
 Medication: _____ Dosage: _____ Time: _____
 Medication: _____ Dosage: _____ Time: _____
 Medication: _____ Dosage: _____ Time: _____

Please provide any other pertinent health information concerning your child that the nurse needs to be made aware.

Spartanburg Day School Lower School – 2K/3K/4K

Policies and Procedures 2019-2020

Name of Student: _____

1. Release of Student

- Parents must notify the school if someone who does not regularly pick up their child will be picking up their child. Parents must provide the school with accurate contact information for this person if the parents will not be reachable. The names of all adults authorized to pick up a child must be on file with the school along with a copy of the persons photo ID. When an adult who does not routinely pick up a child comes to the school, a photo ID must be presented to the administrator or front office personnel before the person enters the child's classroom or before the child enters the car.

2. Illness

- If a child has a temperature of 100 degrees or more, is vomiting, has diarrhea or any symptoms of contagion, the child will be separated from the other children and the parents will be contacted to come for the child immediately. **A child must be symptom free for 24 hours, without medication, before returning to school.**

Parent Initials _____

3. Administration of Medications

- The only time a medication can be given to your child at school by the school nurse is when a parent writes a signed note stating that your child needs the medication.
- Medications have to be in the original prescription bottle with the label of how to administer.

4. Potty Training

- Children enrolled in 3K and beyond must be potty trained before attending school. Potty-trained preschool children:
 - no longer wear diapers (disposable or cloth) or disposable underwear (pull-ups)
 - can tell the teacher when they need to use the restroom, and
 - can attend to his/her own hygiene (wipe on his/her own).
- If your child is not completely potty trained as described above when school begins, and has more than an occasional accident, your child will be asked not to return until fully potty trained. **Parent initials** _____

5. Discipline and Behavior Management

- Corporal punishment is NOT allowed at Spartanburg Day School. Classroom management is handled in a positive nature where students learn from their mistakes.

6. Behavior Management Plan

- I understand that if my child does not adhere to school policies, he or she may be placed on a behavior management plan. If the behavior does not improve within the specified time deemed by the Head of Lower School, my child may be dismissed from the school. **Parent initials** _____

7. Confidentiality

- All student records and testing of students are kept in a locked cabinet in the Lower School Office for security and confidentiality purposes.

8. Tracking of Students

- In the morning, parents of 3K and 4K children must park and walk their children into the school and take them to their classroom where they will be greeted by their teacher. If students are moving to another special activity or anywhere in the building, they are escorted by a teacher. Children may not move about the building alone. Teachers will take tracking sheets with them as they move around the building, keeping count of each student.

9. Emergency Medical Form

- All parents will fill out an Emergency Medical Form. This plan addresses conditions under which emergency medical care or treatment is warranted and steps that will be followed.

10. Evacuation Plan / Emergency Preparedness

- We have a written plan for removing children from the building in case of fire, a natural disaster, or threatening situation that may post a health or safety hazard.

Parent Signature Required:

I have read and understand all the procedures and policies on this form along with the Lower School Handbook for my child at Spartanburg Day School.

(Parent Signature)

(Date)