



Wilson Hall Baron Care

2024-2025

Welcome to Our After School Program, Baron Care!

It has been a pleasure getting to know your little Barons! We are excited to kick off another school year for our after school program for 3-year-olds through sixth grade students. Once school is dismissed, we provide homework support, engaging activities, and snacks. When not outside due to weather, students can enjoy a variety of activities including playing games, solving puzzles, hands-on interactive learning, creating arts and crafts, or watching a movie in the Randle Center. There is always something fun to do!

Baron Care registration is open throughout the school year; however, families are encouraged to register their children by Monday, July 1, 2024. Baron Care for the 2024 – 2025 school year will begin on Tuesday, August 20, 2024, and will end on Wednesday, May 28, 2025. Our Baron Care staff continues to grow as more Wilson Hall families participate. We are extremely thankful for the opportunity to care for your little Barons! We look forward to another fabulous year at Wilson Hall Baron Care!

Please let me know if you have any questions and/or concerns.

God Bless!

Brooke Tidwell
Director of Auxiliary Programs
brooketidwell@wilsonhall.org





Wilson Hall Baron Care Program Enrollment

The following documents are required for Wilson Hall's Baron Care enrollment and must be submitted annually as required by the SC Department of Social Services.

- Baron Care Policies Agreement and Publications Permission
- 2024-2025 Baron Care Registration Form
- DSS Regulation No. 114-503.F(2) – Release of Children form
- DSS Form 2900 – General Record and Statement of Health form
- Form for CDCC & GDCH
- Copy of student's immunization record
- Copy of student's birth certificate

IT IS REQUIRED THAT PRIOR TO ATTENDING BARON CARE, CHILDREN MUST BE COMPLETELY REGISTERED AND HAVE SUBMITTED ALL REQUIRED FORMS AND DOCUMENTATION. **NO EXCEPTIONS**

August 2024 Tuition		
Grades 1 – 6	\$135 / student	August 20 – August 30
PS3, PS4 and K	\$40 / student per day	August 20– August 23
PS3, PS4 and K	\$90 / student	August 26– August 30

Baron Care Tuition September 2024 – May 2025			
ONE STUDENT		ADDITIONAL SIBLINGS	
Days per Week	Monthly Rate	Days per Week	Monthly Rate
5	\$300	5	\$205
4	\$245	4	\$175
3	\$200	3	\$145
2	\$145	2	\$105
1	\$110	1	\$75



Wilson Hall Baron Care Registration Form 2024-2025

** Registration fee of \$50 per family is required. **

Student's Full Name: _____ **Date of Birth:** _____

Date of Enrollment: _____ **Gender:** _____ **Grade:** _____ **Homeroom Teacher:** _____

Full Name of Parent/Guardian: _____ **Relationship:** _____

Primary Email Address: _____ **Primary Phone Number:** _____

Full Name of Parent/Guardian: _____ **Relationship:** _____

Primary Email Address: _____ **Primary Phone Number:** _____

Parent/Guardian is a Wilson Hall Faculty/Staff member? (Circle One) YES NO

Baron Care Tuition

- August Tuition:**
- 1st – 6th Grade: \$135/student (August 20 - August 30)
 - PS3, PS4 and K5: \$40/student per day (August 20 - August 23)
 - PS3, PS4 and K5: \$90/student (August 26 - August 30)

September 1, 2024 – May 29, 2025:

- | ONE CHILD | ADDITIONAL SIBLING |
|---|--|
| <input type="checkbox"/> 5 days per week \$300/month | <input type="checkbox"/> 5 days per week \$205/month |
| <input type="checkbox"/> 4 days per week \$245/month | <input type="checkbox"/> 4 days per week \$175/month |
| <input type="checkbox"/> 3 days per week \$200/month | <input type="checkbox"/> 3 days per week \$145/month |
| <input type="checkbox"/> 2 days per week \$145/month | <input type="checkbox"/> 2 days per week \$105/month |
| <input type="checkbox"/> 1 day per week \$110/per month | <input type="checkbox"/> 1 day per week \$75/month |

MUST ATTEND THE SAME DAYS EACH WEEK

Prepaid, unused days may not be rolled over to a future date

Please circle attendance day/s: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Parent/Guardian Signature

Date



Wilson Hall

Baron Care Policies & Parent Handbook 2024-2025

Schedule Changes & Additional Days

The Baron Care Director must be informed in writing (email, text, etc.) by a parent if a change should occur in their scheduled day(s). Additional days are \$20 per child and \$10 for sibling(s) after a 24 hour request is submitted and confirmed by the director. If a child stays less than five days per week, these days must be the same every week. Unused days which have been paid for in advance may NOT be rolled over to a future date. Baron Care is not available on weather-related school closures.

Billing & Payments

Payments are due by the first day of each month via FACTS, cash, or check. Late payments will result in a \$20 late fee billed to your account.

School Holidays

An effort will be made to have Baron Care open on school holidays if there is enough interest and it can be properly staffed. The cost is \$45 per day for the 1st student and \$35 per day for each additional sibling. A snack will be provided but children must bring a packed lunch on school holidays and early dismissal days.

Attendance

Communication concerning attendance will not be accepted by verbal instructions. Acceptable forms of communication include text or email with the director. Baron Care students must be attending school no later than 11:00 a.m. in order to attend Baron Care. If a student is sent home from school for disciplinary reasons, they will not be allowed to attend Baron Care on that day.

Discipline

Baron Care follows and enforces the disciplinary procedures stated in the Wilson Hall Handbook. Bullying, profanity or aggressive acts towards other students or staff will NOT be tolerated. The school reserves the right to refuse or terminate any student from the program who is not willing to cooperate fully with the director, staff, or participants.

Homework

Lower School students are allotted one hour for homework. Kindergarten students are given homework time on days when homework is assigned. Baron Care staff will assist students with homework but are not responsible for accuracy or completion of homework. It is suggested that parents check students' homework agenda daily.

Tracking/Release of Children

Each child is accounted for when they enter or exit the premises, and/or move to a new location in or around the campus. A walkie-talkie with instructions will be available at the Randle Center and used for pick up. Children will be released ONLY to authorized persons provided on the Release Form. Baron Care begins once school is dismissed and ends at 6:00 p.m. including ALL EARLY DISMISSAL DAYS.

Medications

If a student has to take medication during after school hours, the school nurse AND the child's parent(s) will be notified prior to dispensing any medication. Staff members are not to administer medications to students unless written permission has been given by the parent. Under the circumstances where a child is mildly ill, Baron Care staff will communicate with the school nurse to ensure that the child is isolated until parents are able to pick the child up. A Baron Care staff member will remain with the child at all times unless the child has been turned over to the school nurse for care.



First Aid/CPR/AED

At least one Baron Care staff must be CPR/First Aid/AED certified at all times during hours of operation. No one who is not certified will be left alone with the children. Renewal is every two years and is provided by Wilson Hall. There are several locations around campus where AEDs are located: Main gym, Middle school hallway next to workroom, Preschool/Kindergarten Work Room in Randle Center, and Nurse's office.

Parental Access

Parents are permitted free and full access to their child without prior notice unless there is a court order limiting parental access. Parents with court orders limiting their visitation must seek administrative approval upon arriving on campus before contact can be made with the child.

Confidentiality

The family educational Rights and Privacy Act (FERPA) has afforded students the right and protection of confidentiality and must always be enforced. Staff members are trained to maintain strict confidentiality in all circumstances. All student records and any personally identifiable information is confidential and will not be shared with others without expressed written permission from the school administration.

Discrimination/Slander/Harassment

Harassment of a student/staff member by another student or by a teacher or other staff member is a violation of school policy. This includes (but is not limited to) harassment based on race, national origin, marital status, sex, sexual orientation, gender identity, religion, or disability. Punishable harassment is conduct, including verbal conduct, (1) that creates (or will certainly create) a hostile environment by substantially interfering with a student's/staff's educational benefits, opportunities, or performance, or with a student's/staff's physical or psychological well-being; or (2) that is threatening or seriously intimidating.

Emergency Preparedness

Wilson Hall has an emergency management plan with established procedures to follow in the event of an emergency. Although we hope that our emergency plans will never have to be exercised, it is imperative that we be prepared in the event of an emergency. We will provide the best possible leadership for the students in our care in the event of an emergency situation.

Emergency Medical Plan

Wilson Hall has a written plan to address conditions under which emergency medical care or treatment is warranted, steps to follow in a medical emergency, the hospital/medical entity to be used, the method of transportation to be used and a staffing plan to include who will accompany the child with records to the emergency location and will stay with the child until parents arrive.

Wilson Hall Baron Care is a licensed and insured Child Care Facility through the Department of Social Services.

PLEASE RETAIN A COPY OF POLICIES AND TUITION SCHEDULE FOR FUTURE REFERENCE.

Wilson Hall

Baron Care Program

2024-2025

Policy Agreement and Handbook Acknowledgment

I have read and agreed to follow all policies and billing information for Wilson Hall's after school care program, Baron Care. I understand it is my responsibility to become familiar with these policies and procedures. I understand that my child will be participating in a structured program that includes homework assistance and a full range of recreational play. I fully understand that various activities, as well as other types of school and play activities, are always susceptible to a certain amount of risk and, therefore, agree to not hold Wilson Hall Baron Care, Baron Care staff, Wilson Hall school, or Wilson Hall students liable for accidents or injuries to my child during their participation. I agree to compensate the school for any property damages caused by my child. I understand that my child's continued enrollment in this program is dependent upon my continued support of the mission, policies and procedures of Baron Care as documented in the policies.

Please sign and submit with the Registration form to enroll.

Child's Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Baron Care Publication Permission Release

Wilson Hall Baron Care often uses photos of students for marketing and news purposes.

Please sign below to indicate:

Yes, I authorize WH Baron Care to use pictures of my child for school news and marketing purposes.

No, I do **not** authorize WH Baron Care to use pictures of my child for school news and marketing purposes.

Child's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

PARENT'S AUTHORIZATION FORM FOR CDCC AND GDCH

Daycare Name: Wilson Hall Child's Name: _____

A. DISCIPLINE:

Do you understand the discipline policy of the day care? _____ Yes _____ No

Does this day care use corporal punishment as discipline? _____ Yes _____ No

If so, do you give your permission for the staff to spank your child? _____ Yes _____ No _____ N/A

Parent/Guardian Signature

Date

B. MEDICINE:

I give permission for prescription and non-prescription medicine to be given to my child.

Parent/Guardian Signature

Date

C. EMERGENCY MEDICAL TREATMENT

I give permission to Wilson Hall to obtain emergency medical treatment.

Name of Day Care

Parent/Guardian Signature

Date

D. PERSONS AUTHORIZED TO TAKE MY CHILD FROM THE DAYCARE:

See Release of Children Form for authorized individuals.

Parent/Guardian Signature

Date

E. I give permission for my child to be transported to and from the daycare/school. I give permission for my child to be transported on field trips.

Parent/Guardian Signature

Date

F. I give permission for my child to participate in swimming activities.

Parent/Guardian Signature

Date



Wilson Hall Baron Care Program 2024-2025

Release of Children

In compliance with DSS Regulation No. 114-503.F (2), your child will be released only to those people listed on this form. Additional names can be added by putting the additional name in writing and delivering it to the caregiver in person. No phone calls or notes will release a child to someone not on this list.

The following people have permission to pick up: _____
(Student Name)

from Wilson Hall Baron Care:

	<u>Name</u>	<u>Phone Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Please have your child picked up by 6:00 p.m. Parents will be charged \$5 per child for every minute after 6:00 p.m. Staff will provide documentation of children picked up after 6:00 p.m. to the director on the following workday. Parents will be billed for additional charges stemming from tardy pick up. Late payment must be made with the next month's regular payment.

Parent Signature: _____

Date: _____

**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: _____

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: _____
StreetAddress 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: _____
StreetAddress City State Zip

Telephone Number(S): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (K5 up to 6 years old): Please Circle One **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**

Circle all days Child will regularly attend this facility: **MON TUES WED THURS FRI SAT SUN**

Circle 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 Provide: _____

Certificate of Immunization (Circle One): **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 _____ is in good mental health and physical

Child's Name

Health and able to participate in the child care program at _____.

Name of Child Care Facility

Signature: _____

Parent or Guardian

Date: _____

Signature: _____

Director/Operator/Staff Designee

Date: _____



Wilson Hall Baron Care Program 2024-2025

Registration Checklist

- 2024 - 2025 Baron Care Registration Form
- Wilson Hall Baron Care Program Policies Agreement and Publications Permission
- Parent's Authorization Form for CDCC AND GDCH
- 05S Regulation No.114-503.F (2) - Release of Children Form
- DSS Form 2900-General Record and Statement of Child's Health
- Immunization Record (Please email DIRECTLY to Nurse Sanders at allysonsanders@wilsonhall.org)
- Birth Certificate *New Students Only*
 - PS3-K5: Please email directly to Mrs. Tidwell at brooketidwell@wilsonhall.org
 - 1st-5th Grade: Please email directly to Mrs. Melton at ashleymelton@wilsonhall.org
 - 6th: Please email directly to Mrs. Barfield at susanbarfield@wilsonhall.org
- Registration Fee (\$50 per family automatically billed through FACTS)
- August Tuition (Automatically billed through FACTS)

All completed paperwork, registration fee and August tuition must be turned in before a student can attend Baron Care.

If you have any questions, please contact Brooke Tidwell, Director of Auxiliary Programs, at brooketidwell@wilsonhall.org.