



# Wilson Hall Baron Care

## 2023-2024

### 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 3rd, 2023. Baron Care for the 2023 – 2024 school year will begin on Tuesday, August 22, 2023, and will end on Wednesday, May 29, 2024. 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  
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[www.wilsonhall.org](http://www.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
- 2023-2024 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 2023 Tuition		
Grades 1 – 6	\$135 / student	August 22 <sup>nd</sup> – Sept. 1 <sup>st</sup>
PS3, PS4 and K	\$40 / student per day	August 22 <sup>nd</sup> – 25 <sup>th</sup>
PS3, PS4 and K	\$90 / student	August 28 <sup>th</sup> – Sept. 1 <sup>st</sup>

Baron Care Tuition September 2023 – May 2024			
ONE STUDENT		ADDITIONAL SIBLINGS	
Days per Week	Monthly Rate	Days per Week	Monthly Rate
5	\$270	5	\$190
4	\$215	4	\$160
3	\$160	3	\$125
2	\$105	2	\$85
1	\$60	1	\$50



# Wilson Hall Baron Care Registration Form 2023-2024

\*\* 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 a Wilson Hall Faculty/Staff member? (Circle One) YES NO

## Baron Care Tuition

### August Tuition:

- ☐ 1<sup>st</sup> – 6<sup>th</sup> Grade: \$135/student (August 22<sup>nd</sup> - September 1<sup>st</sup>)
- ☐ PS3, PS4 and K5: \$40/student per day (August 22<sup>nd</sup> - 25<sup>th</sup>)
- ☐ PS3, PS4 and K5: \$90/student (August 22<sup>nd</sup> - September 1<sup>st</sup>)

### September 1, 2023 – May 29, 2024:

#### ONE CHILD

- ☐ 5 days per week \$270/month
- ☐ 4 days per week \$215/month
- ☐ 3 days per week \$160/month
- ☐ 2 days per week \$105/month
- ☐ 1 day per week \$60/per month

#### ADDITIONAL SIBLING

- ☐ 5 days per week \$190/month
- ☐ 4 days per week \$160/month
- ☐ 3 days per week \$125/month
- ☐ 2 days per week \$85/month

- ☐ 1 day per week \$50/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 2023-2024**

### **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 ParentsWeb, 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 \$40 per day for the 1<sup>st</sup> student and \$30 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 should 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. As a staff member, you will be exposed to a number of situations with a variety of children. It is extremely important that you maintain strict confidentiality in all of these circumstances. All student records and any personally identifiable information is confidential and may not be shared with others without expressed written permission from the school administration, otherwise you assume the sole responsibility in case of legal action. Expectations of all individuals include knowledge about students and staff of a personal nature that is acquired through one's employment by Wilson Hall and is not to be shared publicly including observations, educational ability, assessments, discipline issues, personality characteristics, etc.

### **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.

### **Evaluation/Emergency Preparedness**

The administration or Baron Care Director may conduct both formal and informal evaluations during the school year. A brief conference may be held to discuss strengths and weaknesses at that time. A written evaluation will be placed in the staff members file. 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 you be prepared in the event of an emergency. By becoming familiar with emergency plans in advance, you can remain in control and provide the best possible leadership for the young people in your care. Walkie-talkies will be utilized to communicate across campus.

### **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

### 2023-2024

### 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 2023-2024

## 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:**

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**Additional Comments:** \_\_\_\_\_

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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 2023-2024**

## **Registration Checklist**

- ☐ 2023 - 2024 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
- ☐ Copy of Immunization Record (Updated)
- ☐ Copy of Birth Certificate
- ☐ Registration Fee (\$50 per family)
- ☐ August Tuition

*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](mailto:brooketidwell@wilsonhall.org).*