



Wilson Hall Baron Care 2026-2027

A Warm Welcome to the 2026-2027 Baron Care Families!

We are excited to kick off another year of Baron Care for our students in PS3 through the 6th grade. As we look toward the 2026 - 2027 school year, our program offers much more than just childcare; once the school bell rings, we prioritize a quiet, supportive environment dedicated to homework and daily reading. Following academics and snack time, students transition into engaging activities designed to foster friendship and teamwork, including plenty of time on the playground to unwind and play, while being supervised by staff. On rainy days, the fun moves into the Randle Center or Cafeteria for games, puzzles, interactive learning, arts and crafts, or a movie.

While registration remains open throughout the year, we encourage families to register by Friday, July 31, 2026. The program officially begins on Tuesday, August 11, 2026, and concludes on Wednesday, May 19, 2027.

Our dedicated staff is committed to providing a safe, consistent, and nurturing space for your children to grow, and we are truly grateful for the opportunity to care for your little Barons during another fabulous year at Wilson Hall! We look forward to seeing all of you back on campus this fall!

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

God Bless!

Brooke Tidwell
Director of Auxiliary Programs
brooketidwell@wilsonhall.org



www.wilsonhall.org



Wilson Hall Baron Care Program Enrollment Information

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
- 2026-2027 Baron Care Registration Form
- [DSS Form 2900](#) – General Record and Statement of Child’s Health form
- Parent’s Authorization Form for CDCC & GDCH
- Copy of student's Immunization Record on required SC DHEC 4024 form
 - *Military Dependents must submit SC DHEC 4375 form (filled out by a physician and signed) stapled to the DD-2766-C or the P-0639 form or transfer immunizations to SC DHEC 4024 Form
- 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 2026 Tuition		
Grades 1 – 6	\$200 / student	August 11 – August 31
PS3, PS4 and K	\$45 / student per day	August 11 – August 14
PS3, PS4 and K	\$90 / student	August 17 – August 21
PS3, PS4 and K	\$90 / student	August 24 – August 31

Baron Care Tuition September 2026 – May 2027			
ONE STUDENT		ADDITIONAL SIBLINGS	
Days per Week	Monthly Rate	Days per Week	Monthly Rate
5	\$305	5	\$225
4	\$250	4	\$195
3	\$205	3	\$165
2	\$150	2	\$125
1	\$115	1	\$95



Wilson Hall Baron Care Policies & Parent Handbook

The 2026-2027 Baron Care Program Policies and Handbook has been prepared as a guide to the policies and procedures and other essential information to assist our families with the Wilson Hall After School Care Program. This information contained herewith establishes guidelines only. The Baron Care Program reserves the right to make changes in the content or application of these policies and handbook and to implement those changes with or without notice.

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 \$30 per child and \$15 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 fifteenth (15th) day of each month via FACTS or check. Late payments will result in a \$20 late fee billed to your account if balances are not paid in full by the due date. Potential suspension of care services may occur if your account is in arrears.

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 as 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. Wilson Hall does not use Corporal Punishment as discipline.

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 located in the FACTS portal. Baron Care begins once school is dismissed and ends at 6:00 p.m. including ALL EARLY DISMISSAL DAYS.

Late Pickup

Please have your child picked up by 6:00 p.m. Parents will be charged \$5 per child for each 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 fees must be made with the month's regular payment.

Medications

If a student takes 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 up the child. 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, 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 are 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 Registration Form

2026 - 2027

** Registration fee of \$75 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: \$200/student (August 11 - August 31)
- PS3, PS4 and K5: \$45/student per day (August 11 - August 14)
- PS3, PS4 and K5: \$90/student (August 17 - August 21)
- PS3, PS4 and K5: \$90/student (August 24 - August 31)

September 1, 2026 – May 19, 2027:

ONE CHILD

ADDITIONAL SIBLING

- | | |
|---|--|
| <input type="checkbox"/> 5 days per week \$305/month | <input type="checkbox"/> 5 days per week \$225/month |
| <input type="checkbox"/> 4 days per week \$250/month | <input type="checkbox"/> 4 days per week \$195/month |
| <input type="checkbox"/> 3 days per week \$205/month | <input type="checkbox"/> 3 days per week \$165/month |
| <input type="checkbox"/> 2 days per week \$150/month | <input type="checkbox"/> 2 days per week \$125/month |
| <input type="checkbox"/> 1 day per week \$115/per month | <input type="checkbox"/> 1 day per week \$95/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 Program 2026-2027

Policy Agreement, Consent, and Handbook Acknowledgment

I have read and agreed to follow all policies, the Wilson Hall Handbook, 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, instructional activities, 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 release and hold harmless the School (Wilson Hall), Baron Care employees/staff, its agents and school employees from claims, losses, or other liabilities for injuries to the Student not from gross or willful negligence by the School, its agents or employees. I agree to indemnify the School for damage, harm or loss caused by the Student. I will not hold the School responsible in the case of accident or injury as a result of participation and give my consent for my child's participation in the Wilson Hall After School Care program. 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.

Release of Children and Publication/Social Media Permission

In compliance with DSS Regulation No. 114-503.F (2), your child will be released only to those individuals who are listed as an Emergency Contact/Authorized Pickup in the FACTS portal. These names are electronically added on the Student Information Forms. Please notify the school to make any changes and/or updates by emailing Mrs. Liz McGinnis, lizmcginnis@wilsonhall.org, or Mrs. Brooke Tidwell, brooketidwell@wilsonhall.org. No phone calls or notes will be accepted to release children to an unauthorized person.

Wilson Hall and Baron Care often use photographs of students in publications and for marketing purposes. The Media Release is agreed upon when submitting your Student Information Forms in FACTS. I understand that I must inform the school in writing if I do not wish for my child's photograph to be published for school use.

Acknowledgment

I have received and thoroughly read, understand, and agree to all of the policies and procedures contained in the Baron Care Policies, Procedures and Handbook. I understand that it is my responsibility to become familiar with these policies and procedures and abide by them. I understand that my child's continued enrollment in this program is dependent upon my continued support of the mission and documented policies, procedures, and handbook of the Baron Care Program.

Child's Name: _____ Grade: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Director's 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.

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

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: Wilson Hall County: Sumter

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
health and able to participate in the child care program at _____
Child's Name Wilson Hall
Name of Child Care Facility

Signature: _____
Parent or Guardian

Date: _____

Signature: _____
Director/Operator/Staff Designee

Date: _____



Wilson Hall Baron Care Program 2026-2027

Registration Checklist

- 2026 - 2027 Baron Care Registration Form
- Wilson Hall Baron Care Program Policies Agreement
- Parent's Authorization Form for CDCC AND GDCH
- [DSS Form 2900](#) - General Record and Statement of Child's Health
- Immunization Record (Please email directly to the School Nurse, allysonsanders@wilsonhall.org)
- Birth Certificate *New Students Only*
 - PS3-K5: Please email directly to Baron Care Director, brooketidwell@wilsonhall.org
 - 1st-6th Grade: Please email directly to the Lower School office, ashleymelton@wilsonhall.org

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.

For Office Use Only:

- Registration Fee Billed (\$75 per family automatically billed through FACTS)
 - Date Billed: _____
- August Tuition (Automatically billed through FACTS)
 - Amount Billed: \$ _____ Date Billed: _____