



Mailing Address: P.O. BOX 1481 \*\*\* Physical Address 220 North Royal Tower Drive Irmo,  
SC 29063

(803) 233-9299

(Universal Community Improvement Organization (UCIO) DBA: Universal Leadership, Arts  
and Stem Academy (ULSA))

## **STUDENT/CHILD ENROLLMENT PACKET**



Mailing Address: P.O. BOX 1481 \*\*\* Physical Address 220 North Royal Tower Drive Irmo, SC 29063  
(803) 233-9299

(Universal Community Improvement Organization (UCIO) DBA: Universal Leadership & STEAM Academy (ULSA))

**\*\*\*FOR AFTER SCHOOL STUDENTS ONLY: FOR USE DURING  
THE SCHOOL YEAR (Not required for Infants/Toddlers/Preschool &  
Summer Camp)**

## **BUS PERMISSION FORM**

### **PARENT AUTHORIZATION FORM**

**\*\*\*SIGN AND SUBMIT TO YOUR CHILD'S TEACHER**

DATE: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian Sign & Print),  
give my child (Print child's name): \_\_\_\_\_  
permission to attend the daily After School sessions at ULSA. I understand that she/he  
will be transported on a ULSA bus to the center at 220 North Royal Tower Drive, Irmo,  
SC 29063.

**STUDENT REGISTRATION & ENROLLMENT FORM [1]**

**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

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Child's Current Home Address: \_\_\_\_\_  
Street Address

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

**DSS Form 2900 (MAR 10) Edition of OCT 07 is obsolete. PAGE 1**

Dental Care Provider: \_\_\_\_\_  
Name

Street Address City, State, Zip Telephone

Health Insurance Provider:

Certificate of Immunization: [ ] [ ] [ ] N/A Please explain: \_\_\_\_\_

**My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc. and/or taken 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

UNIVERSAL LEADERSHIP & STEAM ACADEMY

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Operator/Staff Designate

# LETTER FOR NON-PRICING CHILD CARE INSTITUTIONS

## Participating in the Child and Adult Care Food Program

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. Universal Leadership & STEAM A offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. **Please help us comply with the requirements of the CACFP by completing the attached Application for Free and Reduced-Price Meals in Child Care Food Program Forms (DSS Form 16160).** This form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of Federal funding received by us. Please review the following questions and answers and the instructions for completing the attached DSS Form 16160.

- 1. Do I need to fill out an Application for Free and Reduced-Price Meals form for each of my children in child care?** You may complete and submit one DSS Form 16160 for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.  
**Return the completed form to:**  
Universal Leadership & Steam Academy, (803) 233-0200 P.O. Box 1481 Irmo, SC 29063  
**(name of center, address, phone number)**
- 2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), TANF also known as Family Independence (FI), or Food Distribution Program on Indian Reservations (FDPIR) can qualify for free meals. Foster children and children enrolled in Head Start are also eligible for free meals. You must provide supporting documentation of a child's enrollment in the Head Start program.
- 3. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to *qualify* for meal benefits offered at the child care center.
- 4. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

**How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, FI or FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

- 5. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

Dear Parent/Guardian

Letter: Page 2

6. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the DSS Form 16160, but are not required to include payments received for the foster child as income.
7. **What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
8. **We are in the military; do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
9. **What if there isn't enough space on the application for my family?** List any additional household members on a separate piece of paper, and attach it to your application. Contact (Amelia Harding) to receive a second application.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex (including gender identify and sexual orientation), age, disability or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

If you have other questions or need help, call (803) 233-9299

Thank you for your cooperation.

*Alonzo Johnson* Alonzo Johnson  
Institution Representative



South Carolina Department of Social Services  
**APPLICATION FOR FREE AND REDUCED-PRICE MEALS IN CHILD CARE FOOD PROGRAMS**

**1. Child(ren) Enrolled:**

Last Name      First Name      Age      Last Name      First Name      Age

**2. Child's FS or FI Case Number:** (if any)

Food Stamp (FS) Number      Family Independence (FI) Number      Food Distribution Program on Indian Reservations (FDPIR) Number

**3. Head Start/Even Start:** (if applicable)

Last Name

First Name

Head Start Eligibility Statement Attached? ( ) Yes For: \_\_\_\_\_

Even Start Eligibility Statement Attached? ( ) Yes For: \_\_\_\_\_

**4. Foster Child:** List the child's personal use income and how often it is received here.

Write "0" if the child has no personal use income.      \$ \_\_\_\_\_ / \_\_\_\_\_

**5. Household Members and Income:** If you gave a Food Stamp, FI or FDPIR case number for the child, or completed part 3 of this form, skip to part 6.

Names	Current Income/Frequency (For frequency, indicate weekly, monthly, etc.)			
List the Names of Everyone in the Household	Gross Earnings (Before Deductions) Job 1	Gross Earnings Job 2 or All Other Income	Welfare Payments, Child Support, Alimony	Payments From Pensions, Retirement, Social Security
Sample: <i>Jane Doe</i>	<i>\$170/Week</i>	<i>\$80/2 Weeks</i>	<i>\$360/Month</i>	\$ _____ / _____
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**6. Signature and Social Security Number:**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that CACFP officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number\*

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Street/Apt. No.: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

**7. Ethnic/Racial Identity: You are not required to answer these questions. If you choose to do so:**

Please check one or more of the following ethnic identities:

( ) Hispanic or Latino      ( ) Not Hispanic or Latino

Please check one or more of the following racial identities:

( ) American Indian or Alaskan Native      ( ) Asian      ( ) Black or African American

( ) Native Hawaiian or Other Pacific Islander      ( ) White

\* PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp, FDPIR or Family Independence case number is provided or you have been provided an eligibility statement for Head Start or Even Start, you must include the Social Security number of the adult household member signing the application or indicate that the adult household member does not possess a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security number is not provided or an indication is not made that the signer does not have one, the application cannot be approved. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a Food Stamp or welfare office to determine current certification for receipt of Food Stamps or Family Independence benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.



# FOR CACFP INSTITUTION — DO NOT WRITE IN THE SPACE BELOW

Monthly Income Conversion:      Weekly x 4.33      Every 2 Weeks x 2.15      Twice a Month x 2  
Total Household Size: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_ ( ) Food Stamp/Family Independence Household  
Application Approved for: ( ) Free Meals ( ) Reduced-Price Meals ( ) Paid/Ineligible  
Reason for Paid: ( ) Income Too High ( ) Incomplete Application ( ) Other: \_\_\_\_\_  
Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_  
Date Notice Sent: (if Pricing Program) \_\_\_\_\_

## INSTRUCTIONS FOR DSS FORM 16160

To apply for free and reduced-price meals, complete this application using the instructions below, sign your name and return the application to the center.

### Part 1—Child Enrolled:

1. Print the name and age of all children enrolled.

### Part 2—Households Getting Food Stamps, Participating in the Family Independence (FI) Program or Participating in the Food Distribution Program on Indian Reservations (FDPIR):

Complete this part and part 5. Do not complete part 3 or 5.

1. List current Food Stamp, Family Independence or FDPIR case number.
2. An adult household member **must sign and date** the statement in part 6.

### Part 3—Head Start or Even Start Eligibility:

1. If any child in the household is eligible for the Head Start or Even Start programs and currently fills a **federally funded** slot at their Head Start or Even Start center, complete this section. Do not complete sections 3 or 5.

**Note:** It is the parent/guardian's responsibility to obtain a Statement of Eligibility from the determining official at the Head Start or Even Start organization. The statement must be supplied to the day care center along with this form.

2. An adult household member **must sign and date** the application in part 6.

### Part 4—Foster Child:

A foster child who is the legal responsibility of the welfare agency or court may get meals regardless of your household income. Complete this part and part 6. Do not complete part 5.

1. Write the child's personal use income and how often it is received, such as weekly, every two weeks, twice a month or monthly. Write "0" if the child has no income. Personal income is: a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees and allowances; and b) all other money the child receives, such as money for his/her family and money from full-time or regular part-time jobs.
2. An adult household member **must sign and date** the statement in part 6.

### Part 5—All Other Households:

If you did not provide a Food Stamp, FI or FDPIR case and you do not have an eligibility statement for Head Start or Even Start, complete this part and part 6.

1. Write the name of everyone in your household. Include yourself and the child(ren) listed above, your spouse, all other children, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper, if you do not have enough space.
2. Write the amount of income each person now receives on the same line as their name, how often the person receives it, such as weekly, every two weeks, twice a month or monthly, and where it comes from, such as earnings, welfare, pensions or other. Income is all money before taxes or anything is taken out. If the amount received most recently is higher or lower than usual, write instead that person's usual income.
3. An adult household member must sign and date the application and provide his/her Social Security number in part 6.

### Income to Report

#### Earnings from Employment

Wages/Salaries/Tips  
Strike Benefits  
Unemployment Compensation  
Worker's Compensation  
Net Income from Self-Owned  
Business or Farm

#### Welfare/Child Support/Alimony

Public Assistance Payments  
Welfare Payments  
Alimony/Child Support Payments

#### Pensions/Retirement/Social Security

Pensions  
Supplemental Security Income  
Retirement Income  
Veteran's Payments  
Social Security

#### Other Income

Earnings from Second Job  
Disability Benefits  
Interest/Dividends  
Cash Withdrawn from Savings

#### Other Income (continued)

Income from Estates/Trusts/Investments  
Regular Contributions from Persons  
Not Living in the Household  
Net Royalties/Annuities/Net Rental Income  
Any Other Monies Available to Pay for the  
Child's Meals

### Part 6—Signature and Social Security Number:

All households complete this part.

1. All applicants must have the adult household member **sign and date** the application.
2. The applicant must have the **Social Security number** of the adult household member who signed the application. If he/she does not have a Social Security number, write "none" or something else to show that he/she does not have a Social Security number. If you listed a Food Stamp, Family Independence or FDPIR case number for the child(ren) or you provided an eligibility statement for Head Start or Even Start or if you are applying for a foster child, a Social Security number is not needed.

**Part 7—Ethnic/Racial Identity:** Put a check (✓) next to the ethnicity you identify with. Put a check (✓) next to the race or races you identify with. We need the information to be sure everyone gets benefits on a fair basis. You do not have to answer these questions to get free or reduced price meals. USDA is an equal opportunity provider and employer.

**Ethnicity:**

1. *Hispanic or Latino.* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”
2. *Not Hispanic or Latino.*

**Race:**

1. *American Indian or Alaskan Native.* A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. *Asian.* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. *Black or African American.* A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
4. *Native Hawaiian or Other Pacific Islander.* A person having any origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  
*White.* A person having origins in any of the original peoples of Europe, the Middle East, or



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## **STUDENT/CHILD'S DEMOGRAPHIC DATA & ENROLLMENT FORM**

### **Student/Child's Information**

Students Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
(Last) (First)  
Sex \_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_ Start Date \_\_\_\_

**ETHNIC/RACIAL IDENTITY:** you are not required to answer these questions. However, accurate answers help us tremendously in reporting information that is requested by our licensing agencies and partners. **Please select one of the following ethnic identities:** \_\_\_\_ ( ) Hispanic or Latino \_\_\_\_ ( ) Not Hispanic or Latino

### **Please select one of the following racial identities:**

( ) American Indian or Alaskan Native ( ) Asian ( ) Black or African American  
( ) Native Hawaiian or Other Pacific Islander ( ) White

Mother's (Guardian's) Name \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Father's (Guardian's) Name: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Address of One Parent/Guardian (IF DIFFERENT FROM STUDENT'S \_\_\_\_\_

Parent (Guardian) Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Mother (Guardian's) Telephone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

Father (Guardian's) Telephone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_



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## **STUDENT'S HEALTH INFORMATION & PHYSICIAN REFERENCE FORM**

\*\*Copy of Child's Shot Records: \_\_\_\_\_ Received on Date: \_\_\_\_\_

\*\*Copy of Birth Certificate: \_\_\_\_\_ Received On: \_\_\_\_\_

\*\*\* **SHOT RECORD AND BIRTH CERTIFICATE DUE AT THE TIME OF REGISTRATION.**

Allergies/Food Allergies/Drug Allergies \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

### **Physician and Emergency Information**

Physician Name \_\_\_\_\_

Practice Name \_\_\_\_\_ Telephone # \_\_\_\_\_

I give permission to U. L .S. A. to make whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of this program. It is understood that the staff may need to contact the local emergency resource before the parent, child's physician, and/or other adult acting the parent's behalf. If the local emergency transport deems it necessary to transport my child, it will be to the closest medical facility available. \*\*\*\*\***I have read and understand the physician and emergency information:**

\_\_\_\_\_  
Parent/Legal Guardian Signature

DATE: \_\_\_\_\_



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**STUDENT'S EDUCATIONAL GOALS AND NEEDS**

STUDENT'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

Explain any of your child's special educational needs or goals.

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**One-on-One Tutorial Assistance Requested in which subjects:**

SCIENCE, TECHNOLOGY, ENGINEERING, MATH, ARTS, ENGLISH, SOCIAL STUDIES, READING

Other: \_\_\_\_\_

Special One-on-One classes; (THESE AND OTHER SPECIAL CLASSES MAY  
BE OFFERED AT VARIOUS TIMES AS REQUESTED)

Dance: \_\_\_\_\_ Music: \_\_\_\_\_ Karate: \_\_\_\_\_

DOES THE STUDENT HAVE AN IEP/504 PLAN IN PLACE OR A MEDICALLY-DIAGNOSED  
LEARNING DISABILITY? IF YES, GIVE DETAILS:

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IS YOUR CHILD ON THE AUTISM SPECTRUM? If yes, explain Level of Functionality and Independence:

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### **AUTHORIZATIONS & RELEASE OF LIABILITY STATEMENT**

In consideration of the services and facilities provided by Universal Leadership & STEAM Academy, Its employees, agents, and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out of my child's participation in this program.

#### **AUTHORIZATION TO PARTICIPATE IN SPORTS**

I do\_\_\_ do not\_\_\_ give permission for my child to participate in sports activities (including swimming on or off campus at ULSA.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **AUTHORIZATION TO PHOTOGRAPH**

I do\_\_\_ do not\_\_\_ give permission to ULSA to take pictures and use the likeness of my child, whether taken on or off campus, for promotional use, Social Media or anything other than internal center records

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **AUTHORIZATION TRANSPORTATION**

I do\_\_\_ do not\_\_\_ give ULSA the permission to transport my child from school to their center, to and from the center to our home, everyday for center activities, or on special field trips nor in the case of an emergency.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **EMERGENCY MEDICAL AUTHORIZATION**

I do\_\_\_\_ do not\_\_\_\_ give ULSA and its staff the permission to get medical help for my child. In emergency cases, hereby authorize Universal Leadership & STEAM Academy, in the event of an emergency, to seek medical treatment for my child. In case of Emergency, 911 will be called and I as parent/guardian will be notified immediately. If my child is to be transported to a medical facility, an adult from ULSA will accompany the child and remain until a parent/guardian or designated person arrives. I understand that I am responsible for all medical costs associated with of such emergency.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **MEDICATION AUTHORIZATION**

I do\_\_\_\_ not\_\_\_\_ give ULSA and its staff the permission to administer either prescription or nonprescription medication to my child while attending ULSA, either on or off campus. I have described my child's medical status as requested in this registration packet, including listing all medical conditions and medications that my child takes. I will sign in my child's medication on a daily medication log. All medication will be maintained in the original container.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **MEDICATION POLICIES**

1. No non-prescription medication will be given at all without a doctor's written permission (to include Tylenol, Pandol, and cough syrups.
2. If a prescribed medicine is needed, parents must provide:
  - \*Spoon/utensil, with labels and name
  - \*Make sure medication is given and picked up from the Director or Teacher.
  - \*Label all bottles and the child's name and the prescription name, as well as directions.
3. A child will only be given medication that is prescribed to him/her.

If my child, \_\_\_\_\_, must have medication while attending ULSA, I will follow these policies.

Parent  
Signature\_\_\_\_\_Date:\_\_\_\_\_



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## **ABC GROW HEALTHY LEVEL B CHILD CARE DISCIPLINE POLICY**

### **POLICY STATEMENT**

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, ULSA uses a positive approach to discipline and practices following discipline and behavior management techniques.

#### **WE DO:**

- Communicate with children using positive statements
- Communicate with children on their level
- Talk with children in a calm, quiet manner
- Explain unacceptable behavior to children
- Give attention to children for positive behavior
- Praise and encourage the children
- Reason with and set limits for the children
- Apply rules consistently
- Model appropriate behavior
- Set up the classroom environment to prevent problems and promote safety
- Help children to talk out and think through problems
- Assist children in solution-oriented thinking
- Listen to children and respect the children's needs, desires and feelings



- Provide appropriate words to help solve conflicts
- Use all appropriate tools to lead discussions with students in solving problems

## **WE DO NOT**

- Inflict corporal punishment in any manner upon a child. Corporal punishment consists of using physical force to discipline a child. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping)
- Use of any strategy that hurts, shames, or belittles a child
- Use food as a form of reward or punishment
- Use or withhold physical activity as a punishment
- Shame or punish a child if a bathroom accident occurs.
- Embarrass any child in front of others
- Compare children
- Place children in a locked and/or dark room
- Leave any child alone, unattended or without supervision
- Allow discipline of a child by other children
- Criticize, make fun of or otherwise belittle a child's parents, families, or ethnic group.
- Address a child by a name or assign to him/her gender identification other than that that the Parent/Guardian designates on the Registration Form.

Conferences will be scheduled with Parents/Guardians if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the Parents/Guardians and documenting behavior problems and interventions, to terminate child care services for that particular child.

Note: if, at any point, there is an indication/suspicion that a child may have special needs, ULSA will inform the child's family and make contact with Baby Net for assessment and assistance.

My signature below indicates that I have received a copy of the discipline policy, it has been received with me, and I have read and understand this policy.

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

**Please Circle as appropriate: STAFF OR PARENT**

**Name of child:** \_\_\_\_\_



Mailing Address: P.O. BOX 1481 \*\*\* Physical Address 220 North Royal Tower Drive Irmo, SC 29063  
(803) 233-9299

**(Universal Community Improvement Organization (UCIO) DBA: Universal Leadership & STEAM Academy (ULSA))**

## **CHILD'S AUTHORIZED EMERGENCE RELEASE AND PICKUP PERSON**

The persons listed below are authorized to pickup my child (ren) if I or his/her other Parent/Guardian is unavailable.

Child (ren's) Name: \_\_\_\_\_  
\_\_\_\_\_

Name of Authorized Person(s)	Relationship to Child	Driver's License #	Home Phone#	Cell Phone

**PARENT/GUARDIAN SIGNATURE & \_\_\_\_\_ DATE: \_\_\_\_\_**

**\*\*\*Please provide Universal Leadership & STEAM Academy with a copy of the driver's license OR Legal ID card with a photo and home address.**