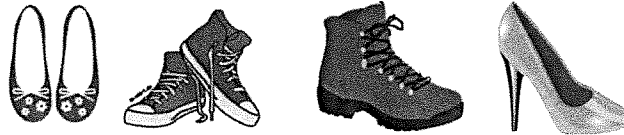


We've got some volunteer shoes to fill for PTF!

Whether you have a little time or a lot to spare, we welcome you.



Please check any activities or events you may be interested in helping with this year at TKA PTF:

Hospitality

Fundraising

Picture Days

School Beautification (gardening, etc)

PTF Board

Teacher Appreciation Week

General Volunteer (be on the call list when we need extra hands)

Box Tops

Donuts for Dads

Muffins for Moms

Field Day

Grandparents Day

YOUR Contact Information:

Name _____ Email _____

Phone _____

For more information, please contact:

Lisa Pitsley, PTF President at 843-601-1124 or lpitsley@gmail.com

Crystal DeFee, PTF Vice President at 843-601-2630 or CDefee5@yahoo.com

Thank you for being willing to help!

PTF-Parent Teacher Fellowship

The purpose of the PTF is to connect parents, grandparents and teachers in fellowship and learning opportunities to participate in special events and projects throughout the year. As well to secure for all children and youth the highest advantages in physical, mental, social and spiritual education. The PTF operates through two committees, Fundraising and Hospitality. Below is a summary list of things we accomplished in 2015-2016. This list is always changing as the needs of our teachers and staff vary each year.

Our Goals for the PTF

- Strengthen our PTF through inclusion and by identifying and communicating needs, providing direction, encouragement, and an environment of cooperation, collaboration and FUN!
- Develop leaders for continued PTF service for The King's Academy.
- Serve our children by promotion and assisting the organization of The King's Academy PTF activities. Being a source of information and serving as liaison among parents, administration and other cooperative agencies, and by uniting the planning efforts to address school-wide issues.

What We Do:

- Welcome New Families
- Senior Portraits
- Student Pictures
- Coordinate Room Moms, Elementary, Middle and Upper School Coordinators
- Recognize All Staff & Teacher Birthdays

- Christmas Gift Card for All Staff and Teachers
- Hospitality Refreshments throughout the year and at graduations
- Teacher Appreciation Week
- Grounds Beautification-benches, doormats, flowers
- Graduations- 5K, 6th Grade, 8th Grade and 12th Grade
- End of Year Teacher and Staff Luncheon
- Monetary Donations
- We sponsor 1 Girl to Palmetto Girls State
- We sponsor 1 Boy to Palmetto Boys State
- Donation to Annual Fund (as funds allow)
- Donation to Scholarship Fund (as funds allow)

How We Do it (Fundraising):

- Lifetouch- Senior Portraits and Student Pictures
- Charleston Wraps Fundraiser
- Original Art Fundraiser
- Forest Lake Nursery Fundraiser
- World's Finest Chocolate Fundraiser
- Yankee Candle Fundraiser

Rewards Programs:

- Harris Teeter- VIC Card
- Box Tops
- Campbell Soup Label/Labels for Education
- Target

- Tyson A+ Labels

How You Can Help?

- The PTF always welcomes volunteers of all time committee levels.
- The first step is to complete the Parent Participation Form at the beginning of the school year.
- Fill out 2 HR Pledge Form at PTF Table during Registration
- Second, please join the rewards programs listed above and be sure any customer VIP cards are “linked” to TKA. You would be amazed how much money is made through these programs.
- Lastly, be a leader. We are always in need of volunteers to help manage and direct our projects.

Let us help you get “plugged in” at TKA.

Opportunities

If you are interested in serving with the PTF, please feel free to contact Kim Nance at (843)992-4874 or email jknance@bellsouth.net, Kelly Fox at (843)610-8000 or kellyfoxsc@aol.com. You may also contact Jennifer Hoover, our administrative representative, in the school office at (843) 661-7464

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: The King's Academy 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

PARENT'S AUTHORIZATION FORM FOR CDCC & GDCH

Day Care Name The King's Academy Child's Name _____

A. DISCIPLINE:

Do you understand the discipline policy of this day care? _____ YES _____ NO
Does this day care use corporal punishment as discipline? _____ YES X NO
If so, do you give your permission for the staff to spank your child? _____ YES _____ NO X NA

Signature _____ *Date* _____

B. MEDICINE:

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

Signature _____ *Date* _____

C. EMERGENCY MEDICAL TREATMENT:

I give permission to The King's Academy to obtain emergency medical treatment
for my child. *Name of Day Care*

Signature _____ *Date* _____

D. PERSONS AUTHORIZED TO TAKE MY CHILD FROM THE DAY CARE:

Signature _____ *Date* _____

E. I give permission for my child to be transported to and from the day care. I give permission for my child to be transported on field trips.

Not Applicable
Signature _____ *Date* _____

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: _____ Parent or Guardian Date: _____

Signature: _____ Director/Operator/Staff Designee Date: _____

EXTENDED CARE GENERAL INFORMATION

1. MORNING CARE

- 7:00 – 7:45 a.m. Mondays through Fridays
- Cost is \$5 per day per student.
-

2. AFTERNOON CARE

- 2:40 – 6:00 p.m. Mondays through Fridays
- No charge 2:40 – 2:50
- 2:50– 6:00 charge is \$5 per student per hour
- A late fee of \$15 will be charged if picked up after 6:00 p.m.

3. CHARGES

- Listed on your monthly statement
- Should be paid in full each month
- Optional programs will have an additional charge.

4. COMPLIMENTARY EXTENDED CARE

- Program for students in 4K – 6th grades whose parents have completed an Extended Care Registration Form.
- However, students through 6th grade who participate in after school activities will not be allowed to “hang out” around campus unsupervised.
- They will be sent to Extended Care until their coach or club sponsor is available to supervise them.
- If the after school activity begins within one hour of the end of the school day (3:30 p.m.), you will not be charged for after care. Remaining in after care after 3:30 will result in a charge.
- Our primary concern is that adequate supervision is provided for the children entrusted to our care.

5. OTHER INFORMATION

- When ES has half-days, Aftercare WILL be provided until 6 p.m. EXCEPT that it will not be provided on the last day of school before Christmas break and the last day of school in May.

**EXTENDED CARE REGISTRATION
ENROLLMENT FORM 2017-2018**

NAME OF CHILD	AGE	GRADE

ALLERGIES		
NAME OF CHILD	ALLERGIC TO ...	RECOMMENDED TREATMENT

CONTACT INFORMATION				
(INCLUDE ALL CONTACTS WHO ARE ALLOWED TO PICK UP CHILD OR WHO SHOULD BE CONTACTED IN AN EMERGENCY)				
PLEASE INDICATE IF CONTACT IS CHILD'S SIBLING				
NAME	WORK NUMBER	HOME NUMBER	CELL NUMBER	ALLOWED TO PICK UP CHILD?



TKA Birthday Book Club



TKA's Birthday Book Club is a wonderful way to add new books to the library while recognizing your child's birthday. When a book is ordered, our librarians will choose an appropriate book for your child. A nameplate will be placed in the front cover of the book and he/she will be the first person to check out the book.

If you would like to participate, please fill out the form and attach \$15.00 per donated book. You may purchase as many books as you like. *Please do not include this payment with other school fees.* Thank-you for participating in TKA's Birthday Book Club.

Student's name _____ Birthday _____ Grade _____
(as you would like it to appear on the nameplate) (Month/day)

Teacher's name _____



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