

Welcome to



kids garden !

Charleston's first drop-in creative arts learning center! A unique space where children ages 12 months and walking to 12 years old get to explore, interact and have fun while parents get that much needed time without kids.

Eco-friendly and fun, Kids Garden offers creative play stations, group learning and healthy foods...all in a safe, secure environment staffed by experienced, CPR-certified teachers and childcare providers!

We not only offer convenient Drop Off but also have Summer Camps, Preschool, Kids Yoga, Paint and Create, Lego Learning, Parent's Night Out and SO MUCH more!
Like us on Facebook for updates on programs, classes and important information!

Two Local convenient Locations to fit your families needs!

Mount Pleasant Location
Shops of Mount Pleasant
320 West Coleman Blvd
Mt. Pleasant, SC 29464
Contact
843.606.2716
mountpleasant@kidsplaygarden.com

Charleston Location
South Windermere Shopping Center
57 Windermere Blvd.
Charleston, SC 29407
Contact
843.637.4602
charleston@kidsplaygarden.com

Hours of Operation:
Monday-Friday 9:00 AM-6:00 PM
Saturday: 10:00 AM- 9:00 PM

Hours of Operation:
Monday-Friday 9:00 AM-6:00 PM
Please Call for Saturday Hours!

We are so excited to have your family at our Beautiful Eco Friendly Centers!

We just need a few things from you on or before your next visit.

If you have not already, please go to kidsplaygarden.com and click on the Register Tab. There you will see a link for Online Registration.

We also need four forms for each child that will be attending our centers.

These include the DSS 2900 Form which is available at our center or online under the Register Tab, where there is a link labeled Enrollment Forms (clicking on this link will download the forms).

REQUIRED PAPERWORK

DSS 2900

Please make sure this 2900 is filled out on BOTH sides and signed and dated. Also, under the section that states : “You must have two individuals who have the authority to obtain emergency medical treatment for the child,” please make sure you list two individuals other than primary guardians. These individuals do not have to live in the area, we just need contact information if the guardians are unable to be reached.

All Policies/Medical Authorization

This form is giving Kids Play Garden permission to call emergency services on behalf of your child in the case of a medical emergency and is also signifying that you agree to all of our policies.

DHEC Immunization Form or DHEC Exemption Form

We must have an up to date and complete DHEC immunization form for each of your children. These are available at your pediatricians office and exemptions are available at the DHEC office. You are welcome to e-mail an immunization to us at charleston@kidsplaygarden.com or mountpleasant@kidsplaygarden.com.

Client Agreement

Please read through our Client Agreement and sign and date on the back and list your children's name in designated area.

Things to Bring:

Nothing is required to drop off (after initial paperwork), that is part of the Kids Play Garden difference! Feel free to come unplanned and drop off when you need us! If you forgot diapers, we have them (\$1 each)!

If you know you will be stopping by though, these items can be helpful!

- Sippy Cup/ Water Bottle
- Diaper/Pull Ups (\$1 each if you use one of ours)
- Wipes
- Extra Clothes and underwear
- Socks (Socks are available to purchase for \$3.00)

We are a shoe free zone and instead wear socks inside (little feet tend to stick to slide!)

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: Kids Play Garden County: Charleston

Address: 320 West Coleman Blvd & 57 Windermere Blvd Mount Pleasant/Charleston SC 29464 29407
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** N/A am/pm **TO** N/A am/pm

If Child is a drop-in, indicate hours of care: **FROM** N/A am/pm **TO** N/A 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

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: _____ Date: _____
Parent or Guardian

Signature: _____ Date: 6-30-2012
Director/Operator/Staff Designee



Acknowledgement of all center policies at Kids Play Garden

I, _____ (PRINT NAME) parent of

_____ (PRINT CHILD OR CHILDREN's NAMES)

Have read all Kids Play Garden policies including but not limited to:

- Release of Children
- Administration of Medicine -Kids Play Garden does not administer medicine, unless life saving such as an EpiPen with written parental approval.
- Discipline and Behavior Management
- Confidentiality
- Emergency Medical Plan
- Authorization for Medical Treatment
- Client Agreement
- PlaySet Safety

Parent/Guardian Signature

Date