

CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually

CHILD INFORMATION:

Date of Birth: _____

Full Name: _____
Last First Middle Nickname

Child's Physical

Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a Medical action plan attached? Yes No (Medical action plan must be updated on an annual basis and when changes to the plan occur)

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns _____

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____

Children's Medical Report

Name of Child _____ Birthdate _____
 Name of Parent or Guardian _____
 Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____
2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____
3. Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____
4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____
5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___ ; diabetes No ___ Yes ___ ;
 convulsions No ___ Yes ___ ; heart trouble No ___ Yes ___ ; asthma No ___ Yes ___
 If others, what/when? _____
6. Does the child have any physical disabilities: No ___ Yes ___ If yes, please describe: _____

Any mental disabilities? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.
 Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____
 Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____
 Neurological System _____ Skin _____ Vision _____ Hearing _____
 Results of Tuberculin Test, if given: Type _____ date _____ Normal Abnormal _____ followup _____

Developmental Evaluation: delayed _____ age appropriate _____
 If delay, note significance and special care needed; _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____
 Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Child Development
and Early Education

Nutrition Opt Out Form

Child Care Rules .0901(d) and .1706(c) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I _____ plan to provide all meals, snacks and
(Parent/Guardian Print Name)

drinks for my child and do not want his/her meals, snacks or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I understand that the program will provide supplemental food and drink.

Parent/Guardian Signature

Date

Parental Involvement Policy

Positive Day School agrees to implement the following requirements:

1. Positive Day School will take the following actions to involve parents: field trips, Parent's Day, birthdays, Career Day, and volunteer day. We have an open door policy.
2. Positive Day School will hold monthly meetings with each parent, at a convenient time that works for each individual.
3. Positive Day School will provide parents with information about their in a timely manner. Program includes a description and explanation of the school academic assessment to measure the child's learning so we can work properly with the child. We will set up meeting with parent when they register their child at Positive Day School. We will take a tour of facility, meet teacher and look at lesson plan.
4. If a parent has a complaint about the program, we will provide them with a copy of the Summary of the North Carolina Child Care Laws and Rules, and the Director will discuss the rules with the parents. If we do not get the problem solved I will give them the information to the Division of Child Development and Early Education (919-814-6300) or (1-800 859-0829) or www.ncchildcare.ncdhhs.gov.

Notification of Smoking and Tobacco Restriction:

Positive Day School is a smoke-free facility. This means smoking is only 50 feet from building. If you are caught it will be addressed. If you want to smoke you can go to the designated area in back of gym in the park. No Smoking on Premises

Parent: _____ Date: _____

Director: _____ Date: _____

Positive Day School Permission Slip:

I give my child _____ permission:

** To play outside the fence in playground area*

** To go off premises and to use the PDS walking track*

** To take field trips with PDS with sign permission slip with time, date and where.*

Parent: _____

Child: _____

Director: _____

Positive Day School Swimming and Water Safety Policy

Instructions: Swimming is a potentially hazardous activity for children. In signing off on this form, the Provider and Staff indicates an understanding of and agreement with the following swimming/water safety policies adopted by Positive Day School.

Positive Day School Will:

* Obtain written parental permission on by signing permission form prior to taking any child on a swimming outing.

*Know the swimming ability of each child in care.

*Accompany and directly supervise children on all swimming outings and around any large bodies of water.

*All children must have at least one parent to accompany he or she on the swimming outing.

*Use only licensed, lifeguarded, public swimming pools and/or swimming facilities.

* Positive Day will not provide life jacket parent must provide life jacket, if child do not have life jacket they will not be able to go on outing.

By signing I (Staff)_____have read and understand this policy and will follow all protocol ,and if I don't I take full responsibility for my action.

Director Name: (print):_____Date:_____

Director Signature:_____Date:_____

Staff Name: (print):_____Date:_____

Staff Signature:_____Date:_____ --

Parent Verification Receipt

I, _____, have received a copy of the North Carolina
Child Care Laws and Rules and Policy and Procedure Handbook

Director: _____ Date: _____

Discipline and Behavior Management Policy

Name of Facility: _____ Date Adopted _____

No child shall be subjected to any form of corporate punishment. Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following age and developmentally appropriate discipline and behavior management policy:

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their level.
11. DO use short supervised periods of time-out sparingly.
12. DO stay consistent in our behavior management program.
13. DO use effective guidance and behavior management techniques that focus on a child's development.

We:

1. DO NOT handle children roughly in any way, including shaking, pushing, shoving, pinching, slapping, biting, kicking, or spanking.
2. DO NOT place children in a locked room, closet, or box or leave children alone in a room separated from staff.
3. DO NOT delegate discipline to another child.
4. DO NOT withhold food as punishment or give food as a means of reward.
5. DO NOT discipline for toileting accidents.
6. DO NOT discipline for not sleeping during rest period.
7. DO NOT discipline children by assigning chores that require contact with or use of hazardous materials, such as cleaning bathrooms, floors, or emptying diaper pails.
8. DO NOT withhold or require physical activity, such as running laps and doing push-ups, as punishment.
9. DO NOT yell at, shame, humiliate, frighten, threaten, or bully children.
10. DO NOT restrain children as a form of discipline unless the child's safety or the safety of others is at risk.

The program's goals for helping children develop self-control and learn acceptable forms of social behavior are:

Establish fair & simple rules & state them clearly
Help them use words rather than actions to express their feelings. In some cases ignoring the behavior disappear.

Children are helped to resolve conflict and develop problem solving skills with peers by:

Solving problems peacefully in a calm manner, so all kids involved feel like they won.

I ensure myself and the additional caregivers follow the programs discipline and behavior management policies and practices and use behavior management strategies appropriately by:

Setting & enforcing clear & consistent limits, exploring alternatives to time-out, giving the child credit when they have shown self-control.

Local resources that can assist with services and support when persistent challenging behaviors continue to occur are:

Church
Counseling with parent and child.
Family Mediation

Operator:

I, the undersigned facility director/operator (or other designated staff member) of Positive Day School (facility name) Do hereby state that

I have given and discussed the facility's Discipline and Behavior Management Policy with the child's parent or guardian.

Signature of Director, Operator, (or other designated staff member)

Date

Parent or Guardian:

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian

Date

Distribution: one copy to parent(s) and a signed copy in child's facility record

I, the undersigned parent or guardian of _____
(child's full name)

do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____ Date _____

"Time-Out"

"Time-out" is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from classroom activity but within the teacher's sight. During "time-out," the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children.

Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College

Distribution: one copy to parent(s) and a signed copy in child's facility record

Parent or guardian acknowledgement form

I, the parent or guardian of _____ (child or children's name) acknowledge that I have read and received a copy of the facility's 100% Tobacco-Free Policy for North Carolina Child Care.

Date policy given/explained to
parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date