

Date Application Completed _____

Date of Enrollment _____

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 ___

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 _____



Discipline and Behavior Management Policy

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 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 the alternatives for inappropriate behavior to the children
7. Do provide the children with natural and logical consequences of their behavior.
8. Do treat the children as people and respect their needs, desires, and feelings.
9. Do ignore minor behaviors.
10. Do explain things to children on their levels.
11. Do use short supervised periods of "time out." (Time out is described on reverse side.)
12. Do stay consistent in our behavior management program.

We:

1. Do Not spank, shake, bite, pinch, pull, slap, or otherwise physically punish the children.
2. Do Not make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse the children.
3. Do Not shame or punish the children when bathroom accidents occur.
4. Do Not deny food or rest as punishment.
5. Do Not relate discipline to eating, resting, or sleeping.
6. Do Not leave children alone.
7. Do Not place the children in locked rooms, closets, or boxes as punishment.
8. Do Not allow discipline of children by children.
9. Do Not criticize, make fun of or otherwise belittle children's parents, families, or ethnic groups.

The understanding parents 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/coordinator (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: _____

Date adopted 07/01/15



Parent Agreement

(After reading carefully, please initial each entry, date, and sign.)

_____ Give permission for my child to go on walks and field trips under the supervision of the Center Staff, including well supervised, planned activities outside the fenced area of the Cabarrus Bilingual Preschools Center.

_____ I understand that it will be necessary to have the medical information form completed by a physician including current immunization records at the time my child enters the Cabarrus Bilingual Preschools Center.

_____ I have received a copy of the Center’s Discipline Policy and understand the policy as written as explained.

_____ I understand the fee schedule and payment requirements as stated in the policies and agree to keep fee payments current (excluding NC PreK families unless using wrap around services). I agree to pay the 75.00 registration fee before enrollment and on my child’s anniversary date, any late charges incurred, and the tuition every two weeks in advance. I understand that notification will be given in advance when it is necessary for the Center to increase fees.

_____ I have read all the Centers policies and shall strive to follow the policies and regulations governing its operation

_____ I understand that any concerns, questions, or grievances should be brought to my child’s teacher or to the Director of the Cabarrus Bilingual Preschools Child Development Center.

_____ I have received a copy of the summary of the North Carolina Child Care Law.

_____ I give permission for my child’s photograph to be used in pictures that may appear in the newspaper, Cabarrus Bilingual Preschools website, magazine articles about Cabarrus Bilingual Preschools, and presentations given in class by college students. College students and visitors may observe and participate with Center activities. The pictures and information gathered may be shared in classroom settings. Only the child’s first name will be published and the name will not appear with the picture on the Webpage.

_____ I agree to adhere to the confidentiality policy when volunteering at Cabarrus Bilingual Preschools. Confidentiality includes not disclosing personal information or identification of a student from your friends and relatives as well as the citizenry at large. Public Law 94-142.

Child’s Name

Birthdate

Parent/Guardian Signature

Date



Family Questionnaire

Our goal is to spend less time trying to connect the dots and more time connecting with children. We will provide a safe and fun place for children with highly trained staff using the best teaching tools available to impact each child, one at a time, in a high quality and bilingual developmentally appropriate learning environment. Please complete this questionnaire as completely and honestly as you can. Feel free to include any additional information you think can help us to better understand your child's need and circumstances. Be assured this information is confidential.

Child's name _____

Birth date _____ Sex _____ Race _____

Household Members (do **not** include the above child's name)

<u>Name</u>	<u>Age</u>	<u>Relationship to Child</u>

Have there been any significant changes in the child's home situation of the past year? If yes, please describe

Is anyone in the child's home/primary care location using any of the following?

Tobacco _____ Alcohol _____ Drugs _____ Kerosene Heat _____

Has your child previously attended any preschool or daycare program? If so, please identify the school.

Did your child experience any difficulties in a group session? _____ if so please explain.

Has your child ever received special therapies or services to assist with developmental, cognitive, physical delays or handicaps? If so please list.

Are there any special programs/community agencies currently involved with the child/family? _____

If yes please list: _____

What is your child usual sleep pattern?

Awakens: _____ Naps: _____ Bedtime: _____

Does your child sleep alone? _____ In which type of bed does your child sleep? _____



What are your child's favorite activities?

Does your child have **difficulties** with any of the following?

- using eating utensils to feed himself
- brushing own teeth
- speaking clearly
- independently using the toilet
- stuttering or lisping speech
- walking or running
- self- control/impulsive behavior
- understanding/following simple one/two-step directions

What is your child's usual appetite? _____

Does your child have a favorite toy? What is it? _____

What would you say are your child's greatest strengths?

Are there any concerns we should know about?

What are your expectations of our program?

Child's primary language: _____ Parent's Primary Language: _____

Does the home of the child have? Electricity _____ Running Water _____ Smoke detector _____
Telephone _____ If well water, is the child on fluoride? _____

What do you most want us to know about your child?

Signature of person filling out this form: _____

Date: _____

Relationship to child: _____

**Prevention of Shaken Baby Syndrome and Abusive Head Trauma
SAMPLE Policy**

Parent or guardian acknowledgement form

I, the parent or guardian of _____
Child's name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/explained to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date