** Enrollment Packet**

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Enrollment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enrollment Documentation**

**\_\_\_\_ Application**

**\_\_\_\_ Medical Report (Filled out by Parent and Doctor)**

**\_\_\_\_ Current Immunization Record**

**\_\_\_\_ Discipline Policy**

**\_\_\_\_Playground Consent**

**\_\_\_\_ Off – Premise Activity Authorization**

**\_\_\_\_ Medical Release**

**\_\_\_\_ Permission for Healthcare**

**\_\_\_\_ Food Program Paper work**

**\_\_\_\_ Parent Consent to Photo Release**

**\_\_\_\_ Aquatics Policy**

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**Updated file Check Date Signature**

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Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Enrollment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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** Enrollment Packet**

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Enrollment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **CHILD’S APPLICATION FOR CHILD CARE**

Enrollment Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_ Part Day \_\_\_\_\_\_\_Full Day\_\_\_\_\_\_ Drop In\_\_\_\_ School age

Room Assignment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To be completed and placed on file prior to enrollment*

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (MI) (Nickname)

**INFORMATION ABOUT THE FAMILY:**

Father/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where Employed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lives With? \_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where Employed Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lives With?\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD:**

Does your child have any known allergies: No Yes Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any chronic illnesses/conditions: No Yes Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CARE INFORMATION:**

Name of child’s doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you cannot call for your child, please give the names of persons to whom the child can be released:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (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. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_



**Child’s Medical Form**

Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_

Name of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medial 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:

**I give permission for the director or his designee to talk with my child’s physician concerning health care related to his enrollment at Mt .Pleasant Child Development Center.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian’s signature Date**

**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.

Weight \_\_\_\_\_% Height \_\_\_\_\_%

Heart \_\_\_\_\_ Chest \_\_\_\_\_ Throat \_\_\_\_\_ Neck \_\_\_\_\_ Abdomen \_\_\_\_\_

Abd/GU \_\_\_\_\_ Ext. \_\_\_\_\_ Neurological System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teeth \_\_\_\_\_ Skin \_\_\_\_\_ Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Should activities be limited? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this child been screened for lead at 12 and 24 months of age, or once before the age of six? \_\_\_ yes \_\_\_ no

Results of TB Test, if given: Type \_\_\_\_\_\_ Date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ followup \_\_\_\_\_

Developmental Evaluation: \_\_\_\_\_ Delayed \_\_\_\_\_\_ Age appropriate

If delay, note significance and special care needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other recommendations?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Examination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorized examiner/title Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****Immunization History

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Enter the date an immunization was received in the space below or attach a copy of the immunization record to file. G.S. 130A-155(b) requires all child care facilities to have this on file.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Enter date of each dose-Month/ Day/ Year**  **VACCINE** | **#1** | **#2** | **#3** | **#4** | **#5** |
| **\*DTP/DT(Circle which )** |  |  |  |  |  |
| **\*Polio** |  |  |  |  |  |
| **\*HIB** |  |  |  |  |  |
| **\*Hepatitis B** |  |  |  |  |  |
| **\*MMR**  **(Combined Doses)** |  |  |  |  |  |
| **\*\*\* Chicken Pox** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

**\*Required by State Law**

**\*\*Required by Sate law for children born after 10/1/88**

**\*\*\*Required by State law for children born on or after 7/1/94**

|  |  |
| --- | --- |
| **Records Updated by:** | **Date Updated:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Signature of authorized examiner/tile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_**



Revised 9/13

Discipline Policy

**CENTER’S COPY**

As adopted September 1990

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 Center will practice the following discipline and behavior management policy. Parents are encouraged to follow the same discipline management policy:

**WE:**

13. **Do** praise, reward and encourage the children.

14. **Do** reason with and set limits for the children.

15. **Do** model appropriate behavior for the children.

16. **Do** modify the classroom environment to attempt to prevent problems before they occur.

17. **Do** listen to the children.

18. **Do** provide alternatives to the children for inappropriate behavior.

19. **Do** provide the children with natural and logical consequences.

20. **Do** treat the children as people and respect their needs, desires, and feelings.

21. **Do** ignore minor misbehavior.

22. **Do** explain things to the children on their level of understanding.

23. **Do** use short supervised periods of “Time Out”.

24. **Do** stay consistent in our behavior management program.

**WE DO NOT:**

10. Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children.

11. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.

12. Shame or punish he children when bathroom accidents occur.

13. Deny food or rest as punishment.

14. Relate discipline to eating, resting or sleeping.

15. Leave the children alone, unattended, or without supervision.

16. Place the children in locked rooms, closets, or boxes as punishment.

17. Allow discipline of children by children.

18. Criticize, make fun of, or otherwise belittle children’s parents, families, or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s full name) do hereby state that I have received and read a copy of the Center’s Discipline & Behavior Management Policy and that the Center director/coordinator (or other designated staff member) has discussed the Center’s Discipline & Behavior Management Policy with me.

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

****

**Playground Consent Form**

**In order to remain in compliance with the NC Division of Child Development Guidelines, the following form must be completed and returned prior to enrollment.**

**The school agers playground is not fenced in so we must have authorization for this area to be used. This area is also used by the pre-school children for picnics, nature walks and special activities.**

**My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to play outside the fenced in playground under the supervision of the staff.**

**Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**It is understood and agreed by us that the church, the director, the center staff, and the church staff are hereby released from any and all claims or financial responsibilities arising out of any accidents or mishaps that may occur in connection with the operation of Mt. Pleasant Child Development Center or from any illness that may be contracted by the child during the period f their enrollment at the center.**

**Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**OFF-PREMISE ACTIVITY AUTHORIZATION**

Off-premise activities refer to any activity which takes place away from a licensed and approved

space. License and approved space includes primary space, outdoor space, single use rooms, or

other administrative areas that have been approved for use.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission to

Name of child

Mt. Pleasant Child Development Center INC. for my child to participate in off-premise

activities such as nature walks, riding bikes, and planned group activities that take place in the parking lot or field area.( This includes Tumblebus)

Location of off-premise activity: Parking Lot, Field or Outside Fenced Area

Purpose of the activity: To offer children a variety of gross motor activities and educational Experiences

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization is valid from \_\_\_\_/\_\_\_\_/\_\_\_\_\_to\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

DCD Child

**Medical Information and Legal Release**

**(To be completed and placed on file prior to enrollment.)**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical history (please include any major illnesses, broken bones, surgeries, diseases, hospitalizations, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Medications given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time of day given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Know allergies/food restrictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact:**

**Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H)\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Emergency Contact (in the event the parent’s cannot be reached)**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I give my permission for Mt. Pleasant CDC staff to make the emergency arrangements necessary for the care and welfare of my child while under their supervision. In a medical emergency I understand that my child may be transported to an appropriate medical facility by emergency personnel for treatment if it is deemed necessary by staff. It is understood that in some medical and/ or emergency situations, Mt. Pleasant staff may need to contact medical and/or emergency personnel before the parent, child’s physician and/or other adult acting on the child’s behalf.**

**Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Permission for Healthcare**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Adults**

**In the event of an emergency, please indicate your name and phone number where you and other authorized persons can be reached.**

**Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Authorized Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Authorized Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Aid**

**In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child**

**Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency care**

**In the event of an emergency in which I cannot be reached the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.**

**Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Record Transfer**

**In the event of an emergency, I hereby authorize the transfer of my child’s health record to the local hospital.**

**Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**

*Parent Consent/ Photo Release*

*Please sign and return this consent form to your child’s teacher. Thank you for your assistance.*

At various times your child’s enrollment at Mt .Pleasant Child Development Center Inc. , C.D.C Staff and church staff, partners/vendors of Mt. Pleasant UMC and a variety of media outlets request permission to film, video tape and photograph in our schools. They

subsequently publish, broadcast or use these materials, which often include images and depictions of students, as

well as student work products.

If you consent and grant permission for your child’s likeness or work products to be used/featured by Mt .Pleasant CDC/its partners or electronic/media, please sign in the appropriate space below.

**1) Photo Consent:** I do consent and allow my child to be filmed, videotaped and/or photographed for use by my

Mt. Pleasant C.D.C, Mt. Pleasant UMC and its partners and the media, I also allow my child’s work product to be featured by Mt. Pleasant C.D.C

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Child’s Name Parent’s Signature Date

**No Photo Consent:** I do **NOT** consent nor allow my child to be filmed, videotaped and/or photographed for use by

Mt. Pleasant C.D.C , Mt. Pleasant UMC AND its partners and the media

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Child’s Name Parent’s Signature Date

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**Aquatics Policy for: Mt. Pleasant Child Development Center Inc.**

***Aquatic Activities include anything with a body of water such as swimming, swimming instructions, wading water parks or boating.***

**Supervision of Aquatic Activities**

* For every 25 children there must be at least one person who has a current life guard training certificate. This person cannot be counted in staff-child ratios.
* Children under 3 may not participate in aquatic activities unless it is necessary for the child’s IFSP or IEP plan.
* The NC Division of Child Development ratio for swimming is as follows:

3 to 4 years old is 1 to 8

4 to 5 years old is 1 to 10

5 years or older is 1 to 13

* A minimum of two teachers is required at all times regardless of the number of children swimming.
* When you are supervising an aquatic activity you must be able to see, hear and respond quickly to all the children that you are responsible for at all times. This includes the pool area, seating, bathroom and changing areas.
* Ratios and supervision must be maintained at all times. One half of the supervision required must be in the water at all times.

**Discipline during Aquatic Activities**

* Children that exhibit behavior that is a danger to themselves or others during aquatic activities will be removed from the water and separated from the other children. Once the negative behavior has been addressed the child will have the opportunity to rejoin the group. If the behavior persists a member of management will be notified for assistance.
* Supervision of the child separated must be maintained at all times.

**Aquatic Safety Hazards**

* In the event of a threat of severe weather the teachers and children will seek shelter in a safe secure place out of danger.
* Teachers will scan the area for hazards such as glass, broken items etc, prior to children entering the pool area. Children may enter the pool area once the hazard has been removed.
* Any obvious health risks such as release of bodily fluids in the pool children will be asked to leave the water until the health risk is resolved.
* Teachers must ensure that the *pool safety rules* are posted in the pool area and at the first visit to the pool will review with the children.

**Aquatic Field Trip and Transportation Policies and Procedures**

* Existing policies and procedures will be followed during times of aquatic play.
* Policies are made available upon hire in the staff handbook, as included in original application that is submitted to DCD by : **Stephanie Doggett**
* *An annual review of:* ***Mt. Pleasant Child Development Center Inc****. Aquatics Policy will be required*

*by all teachers involved in aquatic play.*

I have been made aware of and have reviewed:

1. **Mt. Pleasant Development Center Inc**. Aquatic’s policy

2. The guidelines provided by the pool

3. The requirements of Child Care Rule 10A NCAC 09.1403

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_