

Date of Enrollment_____



Enrollment Documentation

____ Documentation of receipt of summary of Child Care Laws (Sign Below)

Signature

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.

Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number

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
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 _____

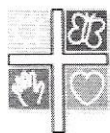
Hospital preference _____ Phone _____

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 _____



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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 _____



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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 the 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: _____

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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 of 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

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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



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 _____