

Children's File Checklist Center

Name of Child: _____ Date of Enrollment: _____

The following items must be present in each child's file.

Item	Due Date	Date Received/ Completed
Application for Enrollment	1 st Day	
Emergency Medical Care Information/Medical Action Plan (if applicable)	1st Day/Updated as changes occur and annually	
Medical Report (not required for any child attending a public school or private school as described in G.S. 110-86(2)(e)).	Within 30 days of Enrollment	
Immunization Record (not required for any child attending a public school or private school as described in G.S. 110-86(2)(e)).	Within 30 days of Enrollment	
Documentation of Receipt: Discipline Policy	1st Day	
Infant Feeding Plan (children less than 15 months-old)	1st Day	
Infant Sleep Position Waivers (if applicable)	1st Day	
Documentation of Receipt: Safe Sleep Policy (if applicable)	1st Day	
Authorization for Transportation (if applicable)	1st Day/As Occurs	
Documentation of Receipt: Center Operational Policies	1st Day	
Documentation of Receipt: Summary of Child Care Law	1st Day	
Copies of Incident Reports	As Occurs	
Emergency Medical Care Authorization	1st Day	
Medication Authorization, Record of Medication Administration (if applicable), and Medication Error Report (if applicable)	As Occurs	
Off Premise Activities Authorization	As Occurs	
Permission to Transport/participate in off premise activities (if applicable)	1st Day	
Nutrition Opt-out Form (if applicable)	As occurs	
Documentation of Receipt: Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policies	1st Day	
Permission for aquatic activities (if applicable)	1st Day	
Notification of Smoking and Tobacco Restriction	1st Day	
Documentation of Discussion: Parent Participation Plan	1st Day	

Tuition Agreement

Outside the Fenced Area

Photo Permission

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 _____

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 # _____

Transportation Permission

A. Parent and Child Information

Name of Parent	Telephone Number - Primary
Name of Child ☐ Picture attached	Telephone Number - Secondary

B. Emergency Contact Information (non-parent)

Name	Telephone Number
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C. Departure and Return Times

Departure Time	Arrival Time	Return Time
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D. Authorized Destinations

Child transported from	Child transported to
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E. Parent Signature and Other

Person receiving child, if applicable ☐ On application	Method of Travel
Permission to transport is valid from [give date] to [give date]. From To (up to 12 months)	Transportation Provider
Signature of Parent or Guardian	Date

SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Belief Statement

We, _____ (name of facility), believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death¹. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT².

Procedure/Practice

Recognizing:

- Children are observed for signs of abusive head trauma including irritability and/or high-pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

- If SBS/ABT is suspected, staff will³:
 - Call 911 immediately upon suspecting SBS/AHT and inform the director.
 - Call the parents/guardians.
 - If the child has stopped breathing, trained staff will begin pediatric CPR⁴.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dhhs.nc.gov.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services.
Phone number: _____

Prevention strategies to assist staff* in coping with a crying, fussing, or distraught child

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies⁵:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.
- Other _____
- Other _____

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children⁶.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other _____

Prohibited behaviors

Behaviors that are prohibited include (but are not limited to):

- shaking or jerking a child

SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

- tossing a child into the air or into a crib, chair, or car seat
- pushing a child into walls, doors, or furniture

Strategies to assist staff members understand how to care for infants

Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf
- How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups
- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf

Strategies to ensure staff members understand the brain development of children up to five years of age

All staff take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to, and reporting child abuse, neglect, or maltreatment as well as the brain development of children up to five years of age. Staff review and discuss:

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth
- The Science of Early Childhood Development, Center on the Developing Child, developingchild.harvard.edu/resources/inbrief-science-of-ecd/

Resources

List resources such as a staff person designated to provide support or a local county/community resource:

Parent web resources

- The American Academy of Pediatrics: www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx
- The National Center on Shaken Baby Syndrome: <http://dontshake.org/family-resources>
- The Period of Purple Crying: <http://purplecrying.info/>
- Other _____

Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+>
- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf
- Early Development & Well-Being, Zero to Three, www.zerotothree.org/early-development
- Other _____



SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

References

1. The National Center on Shaken Baby Syndrome, www.dontshake.org
2. NC DCDEE, ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp
3. Shaken baby syndrome, the Mayo Clinic, www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461
4. Pediatric First Aid/CPR/AED, American Red Cross, www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfoc.nrckids.org/StandardView/1.7.0.5>

Application

This policy applies to children up to five years of age and their families, operators, early educators, substitute providers, and uncompensated providers.

Communication

Staff*

- Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment
- The child care facility shall keep the signed **SBS/AHT staff acknowledgement form** in the staff member's file.

Parents/Guardians

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgement
- The child care facility shall keep the signed **SBS/AHT parent acknowledgement form** in the child's file.

*For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

Effective Date

This policy was reviewed and approved by:

Owner/Director (recommended)

Date

DCDEE Child Care Consultant (recommended)

Date

Child Care Health Consultant (recommended)

Date

Annual Review Dates



SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

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 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

Space and Equipment

There are space requirements for indoor and outdoor environments that must be measured prior to licensure. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Indoor and outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

Licensed centers must also meet requirements in the following areas.

Staff Requirements

A child care center must be at least 21 and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours, including IT-S-SIDS training for any caregiver that works with infants 12 months of age or younger. All staff who work directly with children must have CPR and First Aid training, and at least one person who completed the training must be present at all times when children are in care. One staff must complete the Emergency Preparedness and Response (EPR) in Child Care training and create the EPR plan. All staff must also undergo a criminal background check initially, and every three years thereafter.

Staff/Child Ratios

The number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. The minimum staff/child ratios and group sizes for single-age groups of children in centers are shown below and must be posted in each classroom. The staff/child ratios for multi-age groupings are outlined in the child care rules and require prior approval.

Age	Teacher: Child Ratio	Max Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 to 3 years	1:10	20
3 to 4 years	1:15	25
4 to 5 years old	1:20	25
5 years and older	1:25	25

Additional Staff/Child Ratio Information

Twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.

Reviewing Facility Information

A public file is maintained in the Division's main office in Raleigh for every licensed center or family child care home. These files can be viewed during business hours (8 a.m. -5 p.m.) by contacting the Division at 919-814-6300 or 1-800-859-0829 or requested via the Division's web site at www.ncchildcare.ncdhhs.gov.

How to Report a Problem

Anyone who has a complaint against staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be cited for violations of child care requirements and may be issued an administrative action, fined, and/or may have their licenses suspended or revoked. Administrative actions must be posted in the facility.

If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829.



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

Summary of the North Carolina Child Care Law and Rules (Center and FCCH)

Division of Child Development and Early Education

North Carolina Department of
Health and Human Services
1915 Health Service Way
Raleigh, NC 27607

Child Care Commission
<https://ncchildcare.ncdhhs.gov/Home/Child-Care-Commission>

Revised November 2025

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

What is Child Care? care programs.

The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the health, safety, and well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child

- three or more children under 13 years of age
- receiving care from a non-relative
- on a regular basis - at least once a week
- for more than four hours per day but less than 24 hours.

The law defines child care as:

Family Child Care Homes

Family child care home is licensed to care for five or fewer preschool age children, including their own preschool children, and can include three additional school-age children. The provider's own school-age children are not counted. Family child care home operators must be 21 years old and have a high school education or its equivalent. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home

Child Care Centers

Licensure as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. Recreational programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Parental Rights

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Local Child Care Resource and Referral agencies can provide help in choosing quality care. Check the telephone Parents have the right to enter a family child care home or center at any time while their child is present.

- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

directory or talk with a child care provider to see if there is a

Child Care Resource and Referral agency in your community. For more information, visit the Resources page located on the Child Care website at: <https://nccildcare.ncdhs.gov/> For more information on the law and rules, contact the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829 (In State Only), or visit our homepage at: <https://nccildcare.ncdhs.gov/>

Child Abuse, Neglect, or Maltreatment

abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, appropriate discipline, or when a child is abandoned.

Every citizen has a responsibility to report suspected child person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education in good faith. North Carolina Department of Health and Human Services, A at 919-814-6300

North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.

Transportation

child-staff ratios must be maintained. Child care centers or family child care homes providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and

Record Requirements

Centers and homes must keep accurate records such as children's, staff, and program. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care. Prevention of shaken baby syndrome and abusive head trauma policy must be developed and shared with parents of children up to five years of age.

Discipline and Behavior Management

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in the discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers and family child care homes. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

Training Requirements

Center and family child care home staff must have current CPR and First Aid certification, ITS-SIDS training (if caring for infants, 0 to 12 months), prior to caring for children and every three years thereafter. Emergency Preparedness and Response (EPR) in Child Care training is required and each facility must create an EPR plan. Center and home staff must also complete a minimum number of health and safety training as well as annual ongoing training hours.

Curriculum and Activities

Four- and five-star programs must use an approved curriculum in classrooms serving four-year-olds. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans and schedule must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. A written activity plan that includes activities intended to stimulate the development domains, in accordance with North Carolina Foundations for Early Learning and Development. Rooms must be arranged to encourage children to explore, use materials on their own and

Health and Safety

Children must be immunized on schedule. Each licensed family child care home and center must ensure the health and safety of children by sanitizing areas and equipment used by children. For Centers and FCCs, meals and snacks must be nutritious and meet the Meal Patterns for Children in Child Care. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. Children must have space and time provided for rest.

Two through Five Star Rated Licensure

Centers and family child care homes that are meeting the minimum licensing requirements will receive a one-star license. Programs that choose to voluntarily meet higher standards can apply for a two through five-star license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program, and one

requirement.

members who are over the age of 15 in family child

Criminal Background Checks

background check initially, and every five years thereafter. This requirement includes household All staff must undergo a criminal Criminal background qualification is a **pre-service**



100% Tobacco – Free Policy

Purpose-Belief Statement

We, at **CEC@Lebanon Baptist Church** understand that the use of tobacco products on child care premises and in vehicles used to transport children or during any off-premise activities is an environmental hazard and detrimental to the health and safety of children, staff, and visitors.

Exposure of children to environmental tobacco smoke is associated with increased rates of lower respiratory illness and increased rates of middle ear infections, asthma, and sudden infant death syndrome. Exposure during childhood may also be associated with development of cancer during adulthood.

NC Child Care Rule 10A NCAC 09 .0604 (h,i,j) Safety Requirements for Child Care Center states that:

(h) Children shall be in a smoke free and tobacco free environment. Smoking and the use of any product containing, made or derived from tobacco, including e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah, shall not be permitted on the premises of the child care center, in vehicles used to transport children, or during any off premise activities. All smoking materials shall be kept in locked storage. For child care centers in an occupied residence that are licensed for 3 to 12 children when any preschool-age children are in care, or for 3 to 15 children when only school-age children are in care, the premises shall be smoke free and tobacco free during operating hours. (i) Signage regarding the smoking and tobacco restriction shall be posted at each entrance to the center and in vehicles used to transport children. (j) The operator shall notify the parent of each child enrolled in the center, in writing, of the smoking and tobacco restriction.

This policy applies to all children, families, visitors, volunteers and/or staff enrolled or employed in our facility. This also includes anyone picking up and dropping off a child enrolled in our facility.

The following is a list of Tobacco products whether chewed, smoked, absorbed, dissolved, inhaled or ingested that are prohibited on our premises:

E-Cigarettes (lighted or heated)

Vaping

Smoking of cigarettes

Tobacco products such as cigars, little cigars, hookah, pipes, snuff, snus, and chewing tobacco in any form.

I have received and read the No Tobacco Policy given to me.

Child's Name _____

Parent's Signature & Date _____



Policy and Changes to Policy Agreement

I have received a copy and have read, understand, and am in agreement with the center's policies as well as the tuition rates and fees set forth in the CEC@Lebanon Parent Handbook.

I have received a copy of the Summary of Child Care Laws upon enrollment.

I have received and read a copy of the Facilities Shaken Baby Syndrome/Abusive Head Trauma Policy and I understand that if they make changes to this policy I will be notified 14 days in advance of the changes.

I have received and read a copy of the center Discipline Policy and I understand that any changes to this policy will be given to me 14 days in advance.

I have received and read a copy of the center's 100% Tobacco Free policy upon enrollment.

Child's Name _____

Parent's Name _____

Parent's Signature _____

Date _____



Play Outside the Fenced Area Permission Form

I give _____ (child's name) permission to play outside the fenced area with adult supervision while in attendance at CEC@Lebanon Baptist Church.

Parent's Name/Signature _____

Director's Signature _____

Date _____



Aquatics Policy for Child Enrichment Center @ Lebanon Baptist Church

Aquatics Activities will include any activity that occurs in or around a body of water such as swimming, wading water or splash parks.

Supervision of Aquatics Activities: (Child Care Rule 10A NCAC 09.1403 - DCDEE)

(c) For every 25 children in care participating in aquatic activities, there shall be at least one person who has a life guard training certificate issued by the

Red Cross or other training determined by the Division to be equivalent to the Red Cross training, appropriate for both the type of body of water and type

of aquatic activity. These lifeguards shall not be counted in the required staff/child ratios

(d) Children under the age of three shall not participate in aquatic activities except to the extent necessary to implement any child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).

(e) The following staff/child ratios shall be maintained whenever children participate in aquatic activities:

Age of Children Ratio Staff/Children

- 3 to 4 Years 1/8

- 4 to 5 Years 1/10

- 5 Years and Older 1/13

Notwithstanding the staff/child ratios, at no time shall there be fewer than two staff members supervising the aquatic activity. (f) Children shall be adequately supervised by center staff at all times while participating in aquatic activities.

Discipline of Aquatics Activities:

Children that express inappropriate behaviors during any aquatics activities will be removed from the water activity immediately and separated from the other children. Once the behaviors have been handled the child will be allowed to rejoin the aquatics activity. If the behaviors occur again then a member of the management team will be notified.

Supervision of the child will always be maintained during the discipline process.

Aquatics Safety Hazards:

Upon arrival at the aquatics facility a staff member will do a walk through to look for any hazards that may pose a safety concern. Once potential hazards have been removed the children will be allowed to enter the water areas.

Staff will make sure that they have reviewed the pool safety rules upon arrival at the aquatics activity.

In the event of severe weather occurs during the activity, the children will be immediately removed from the water and moved to a safe location until it is safe to resume the activity. If it is not safe to resume the activity the children will return to the center.

If there are any health risk that occur while the children are in the water, the staff will remove the children until it is safe for them to return to the activity.

Aquatics Transportation and Field Trip Policy and Procedures:

Aquatics policies will be reviewed with each parent and signed upon enrollment of their child. The parent will receive a copy for their review as well.

Each staff member that is hired at the program will also receive a copy that will be reviewed with them and they will sign it as well. Staff will be required to review this policy each year thereafter.

All Aquatics policies and procedures set forth by CEC@Lebanon will be followed at all times during any aquatics activity.

The Aquatics Policy set forth by CEC@Lebanon Baptist Church has been reviewed with me and I have received a copy. I understand that my child will be responsible to follow all guidelines set forth in this policy as well as the pool guidelines while in attendance at any aquatics activities. Failure to adhere to these policies will result in loss of future aquatics activities.

Child's Name _____

Parent/Staff Name _____ Date: _____



TUITION AGREEMENT 2026

PAYMENT FORMS ACCEPTED:

- CASH
- CREDIT/DEBIT CARD
- BANK ACCOUNT

ADDITIONAL FEES

3% Surcharge applied to ALL credit card payments
7.5% charge on ALL returned payments

\$5

MULTI-CHILD
DISCOUNT!

REGISTRATION FEES

- \$75 Preschool Annual Fee ✓
- \$60 Preschool Curriculum Annual Fee ✓
- \$25 After-School Annual Fee ✓

WEEKLY RATES

- Preschool 2 Days - \$105 ✓
- Preschool 3 Days - \$125 ✓
- Preschool 4 Days - \$145 ✓
- Preschool 5 Days - \$165 ✓
- Afterschool - \$80 ✓
- Summer Camp - \$155 ✓
- Teacher Workdays/Holidays - \$15 ✓

*Weekly Activity Fees apply during Summer Day Camp

- Invoices are generated & posted on Mondays.
- Payments are **DUE TUESDAYS BY 6PM.**
- After Tuesday at 6PM a \$20 late fee will be incurred & the child cannot attend until account is PAID IN FULL.
- We do not prorate tuition for sickness, holidays, teacher workdays, etc.
- Each family enrolled will receive **1 FREE WEEK** of tuition each calendar year.

I have read and received a copy of the tuition agreement.

Child's Name: _____

Parents Signature & Date: _____

CEC Director Signature & Date: _____



I have read, understand, and am in agreement with the policies set forth in the Child Enrichment Center at Lebanon Family Handbook.

Child's Name: _____

Parent's Name: _____

Parent Signature: _____

Date: _____



Photo & Media Release Authorization

I hereby grant permission for my child to be photographed and/or videotaped while participating in activities at the childcare center. I understand that these photos and videos may be used for educational purposes, classroom displays, center publications, advertisements, marketing materials, the center website, newsletters, and social media platforms.

I understand that no personal identifying information may be used without additional permission. I acknowledge that these images become the property of the childcare center and may be used without compensation.

By signing below, I acknowledge that I have read and understand this photo and media release authorization and give permission for my child's image to be used as described above.

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Director Signature: _____

Date: _____

Child Enrichment Center at Lebanon

Child Emergency Contact Information and Consent Form

Child's Name: _____ Birthdate: _____

Address: _____

Primary Language Spoken at Home: _____

Parent or Guardian #1: _____

Telephone: Home _____ Work _____ Cell _____

Parent or Guardian #2: _____

Telephone: Home _____ Work _____ Cell _____

Emergency Contacts: (to whom your child may be released to when parent or guardian cannot be reached)

Name #1: _____ Relationship: _____

Telephone: Home _____ Work: _____ Cell _____

Name #2: _____ Relationship: _____

Telephone: Home _____ Work: _____ Cell _____

Written permission must be on file for anyone other than a parent/guardian to pick up your child from the center.

Child's Primary Medical Care

Physician's Name: _____ Phone: _____

Address: _____

In case of emergency, hospital to take your child; _____

Child's Health Insurance

Name of Insurance Plan: _____

Certificate Number or ID: _____ Group Number: _____

Policy Holder's Name: _____

Special conditions, disabilities, allergies, or medical information for emergency situations:

Parent/Legal Guardian Consent and Agreement for Emergencies

As a parent/guardian, I give consent to have my child receive first aid by facility staff, and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Parent/Guardian #1 Signature: _____

Parent/Guardian #2 Signature: _____

DISCLAIMER

This form is provided to assist in your record keeping, however, it may not be all inclusive. Please adapt this form to reflect your organization's specific needs and any state or local requirements. CCA Global Partners is not engaged in the practice of law, nor can it advise you on legal matters. We strongly recommend that you review this form with appropriate advisors to assure that you are in compliance with any state or local regulation, law, or other requirement. CCA may update this form from time to time but has no obligation to do so.

SAMPLE #1

Updated 8/21

Discipline and Behavior Management Policy

Name of Facility: _____ Date Adopted: _____

No child shall be subjected to any form of corporal 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.

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