Date Application Completed: _____ Date of Enrollment: _____

Cottonwood Pre-Elementary / Wee Farm Learning Center

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 _____

Current Email Address _____

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
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 ☐ (Medical action plan must be updated on an annual basis and when changes to the plan occur)

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

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

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

List any types of medication taken for health care needs _____

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

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

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

Signature of Parent/Guardian _____ Date _____

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

Signature of Administrator _____ Date _____

Enrolled: _____

Cottonwood Pre-Elementary / Wee Farm Learning Center

Release Form & Emergency Care Information

CHILD'S NAME: _____ DATE OF BIRTH: _____

Release Information: Who may this child be release to if you are not able to pick him/her up from childcare?

1. _____ 2. _____

3. _____ 4. _____

Childcare fees only cover 10 hours of service daily. Additional fees will apply if child stays longer than 10 hrs/day (see current fees). Our cut-off time is 8:30am.

Child's expected daily schedule: _____ am - _____ pm.

I understand that my child will be released to only those listed, unless I give administration advance notice. Must be 18 years or older & ID may be required. Parents listed on child's application will be allowed to pick up child. Acknowledgment Statement: I have received, read & understand the following current & updated Policies /Procedures: Application, Parent Handbook, Discipline, Supervision & Care, Safe Sleep, Center Operations, NC Child Care Laws, Prevention of Shaken Baby & Abusive Head Trauma, Parent Participation Plan, Notification of Smoking/Tobacco Restrictions, & all other policies, procedures, & forms. **"I have read and understand all current policies and procedures."**

**** Parent/Guardian Signature:** _____

Emergency Care Information

Emergency information: Please complete the following information so that our staff may have it readily available in case of an emergency. You will need to give teachers and directors updated information.

Emergency Contact Person:	Relationship:	Phone #:
_____	*Parent/Guardian*	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any allergies you child has: _____

List any additional important information we need to know about your child (medications, chronic illnesses, etc.):

_____

Is this child allowed to be given Tylenol or generic brand by staff? _____

Note: We ONLY administer life-saving medications. Parent must complete a permission form which will be kept on file.

**** Parent/Guardian Signature:** _____

Photo/Video Consent

We occasionally take photographs and/or videos of children during daily activities, field trips, & special events. These images may be used by our facility/staff for: center publications, on our official website, social media accounts, newsletters, or other educational/promotional purposes. Please review the permission statement below & indicate your preference. Parent/Guardian Consent (Please check one):

☐ **YES,** I give permission for my child to be photographed and/or videotaped. I understand these images may be used: in print, online, publications, social media, website, or other work-related purposes. No identifying info (such as full name) will be used without additional consent.

☐ **NO,** I do not give permission for my child to be photographed/videotaped (see disclaimer). Provide written statement for documentation purposes.

**** Parent/Guardian Signature:** _____ **Date:** _____

Disclaimer: photos/videos required by childcare/NCPK regulations will be used for documentation purposes in order to remain in compliance, regardless of consent (these will not be publicly available)

We are a drug free and tobacco free facility. The use of drugs and/or tobacco is not allowed on the premises. Cottonwood & Wee Farm are equal opportunity providers for USDA & CACFP. We are a private facility, which has the right to terminate and/or refuse childcare services at any time for any reason. Audio &/or video recordings may be in progress at all times on the premises.

Child's Name: _____

Enrolled: _____

Permission to Administer Acetaminophen: Cottonwood/Wee Farm

(Please note: this form is a requirement by NC DCDEE; however, per insurance regulations, we do NOT administer any medication, other than life-saving medication, at our facility).

In case of fever, Cottonwood/Wee Farm is allowed by NC DCDEE to give your child ONE dose only of acetaminophen. We will administer this medication, with your permission, if we are unable to reach you or you are not able to have your child picked up promptly.

Please check one of the following options, and sign below:

- ☐ **NO:** I do not want my child to be given acetaminophen for any reason.

OR

- ☐ **YES:** I, *as the child's parent/guardian,* will allow Cottonwood/Wee Farm staff to administer one dose of acetaminophen to my child if he/she has a fever; it may be given to my child prior to my arrival.

Parent Signature: _____ Date: _____

STAFF ONLY - complete information below upon administering ONE dose of acetaminophen:

Child's Name: _____ Child's Date of Birth: _____

Date medicine was given: ___/___/_____ Time medicine was given: ___/___/_____

Amount given to child: _____ml Fever: _____ degrees F

Signature of staff administering medicine: _____

File after completion and have parent complete a new form.

Travel and Activity Authorization: Cottonwood/Wee Farm

This is a blanket permission trip form which will cover all field trips or staff supervised activities which take place outside the fenced in area. Before taking any off-premises field trips, you will be notified in writing of the following: date of trip, destination, approximate departure/arrival times, approximate return time, names of drivers, and chaperones. If you do not wish for your child to go on any particular field trips, please notify staff, and your child will be able to stay at our facility. This form will be valid until your child is no longer enrolled at Cottonwood/Wee Farm, or you wish to remove/add signature.

As my child's parent/guardian, I agree to the following statements (check one, both, or none):

- ☐ I give my child permission to participate in field trip activities unless staff is notified by me in writing that I do not want him/her to participate.
- ☐ I give my child permission to be outside the fenced in area to participate in staff supervised activities only such as sidewalk chalk, nature walks, etc.

I understand the facility will use appropriate child restraint devices and abide by the safety rules in Rule.1000 when my child is transported in a vehicle. The facility will also notify me each time my child is to participate in an activity that would involve transportation.

Parent Signature: _____ Date: _____

Parent Acknowledgment & Signature Page

Please read each statement below & sign & date where indicated.

1. Discipline Policy: I attest that a copy of the center's written Discipline Policy was given to me and discussed with me at enrollment.

✏️ **Parent Signature: _____ Date Signed/Discussed: _____**

2. Shaken Baby Syndrome / Abusive Head Trauma Prevention Policy: I acknowledge that a copy of the Shaken Baby Syndrome/Abusive Head Trauma Prevention Policy was given & explained to me on or before my child's first day of care.

✏️ **Parent Signature: _____ Date Signed/Discussed: _____**

3. Operational Policies: I have received, read, & understand the Operational Policies as described in this handbook, including facility hours of operation, admission/enrollment procedures, applicable fees & payment plans, services offered by facility, items to be provided by family, facility cleaning schedule, required abuse & neglect reporting procedures, family participation opportunities, & facility nutrition policy.

✏️ **Parent Signature: _____ Date Signed/Discussed: _____**

4. Family Engagement & Participation Plan: I have received, read, & understand the Family Engagement Plan included in this handbook & that this plan is posted on the Family Information Board near front door. I also understand specific event details will be provided prior to each event.

✏️ **Parent Signature: _____ Date Signed/Discussed: _____**

5. Summary of NC Childcare Laws: I have received the Summary of NC Childcare Laws & have been made aware that a copy of the most current Summary of NC Childcare Laws is posted on the Family Info Board near the front door.

✏️ **Parent Signature: _____ Date Signed/Discussed: _____**

6. Additional Acknowledgments

By signing below, I confirm that I have received & read the following:

- Application/Enrollment Packet & Procedures & Family Handbook; Center Operations & Cleaning Schedule
- Safe Arrival & Departure Procedures; Supervision & Care of Children; & Aquatics Policy
- I received & understand the Summary of NC Child Care Law is posted for parents to view on or near the front door
- I have received & understand the following facility policies: Aquatic, Discipline, Supervision & Care, Safe Sleep (if applicable), Operations, Shaken Baby & Abusive Head Trauma, Family Engagement Plan, Notification of Tobacco & Drug Restrictions, & other policies & procedures covered within the handbook
- CW & WF are drug-free & tobacco-free facilities; the use of drugs and/or tobacco is not permitted on the premises
- I understand doors are locked at all times for security purposes, AND parents/guardians are always welcome & encouraged to come inside at any time
- I understand that CW & WF do not participate in aquatic activities as defined by DCDEE, & that fees, policies, & procedures are subject to change with notice as described in this handbook
- It is my responsibility to review the Family Bulletin Board & door postings for current fees & updates, & to check https://ncchildcare.ncdhhs.gov/ for current DCDEE requirements.
- Public use of my child's photograph/video is governed by separate signed Photo/Media Release Form in the Childcare Application Packet

Please sign & return this page to office staff to confirm you have received & read this handbook & agree to the above statements.

✏️ **Parent Signature: _____ Printed Name: _____ Date Signed: _____**

Date Policies Discussed: _____ Child's Name: _____ Enrollment/ 1st Day: _____

Cottonwood & Wee Farm are equal opportunity providers for USDA & CACFP. We are private facilities & reserve the right to terminate or refuse childcare services at any time, for any reason. Audio and/or video recordings may be in progress at all times on the premises. CW & WF are licensed childcare facilities under DCDEE Pathway #2.

Welcome to Cottonwood Pre-Elementary / Wee Farm!

MUST BE COMPLETED BY PHYSICIAN & RETURNED WITHIN 30 DAYS W/ SHOT RECORD: OR CHILD CANNOT RETURN UNTIL THIS INFO IS PROVIDED. Per NCGS130A155 & 10ANCAC09.3005

Children's Medical Report

PLEASE ATTACH CURRENT IMMUNIZATION RECORD

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 #**_____