

Date Application Completed or Updated _____

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:

Full Name: _____ Date of Birth: _____

_____ 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

Child Release Authorization

Child will be released only to the parents/guardians listed on the application. The child may also be released to the following individuals, as authorized by the person who signs this form.

Name	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Child's Name _____

Parent/Guardian Signature

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 # _____

Child Immunization History

Child's Name _____ Date of Birth _____

Instructions: Enter each date of each dose received (Month/Day/Year) or attach a copy of the immunization record. G.S. 130A-155(b) requires child care facilities to file this information. Please refer to page 2 for the Minimum State Vaccine Requirements for Child Care Entry and the additional Vaccines Recommended by the Advisory Committee on Immunization Practices.

Vaccine Type	Vaccine Abbreviation	Trade Name	Combination Vaccines	1	2	3	4	5
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV, OPV	IPOI	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib	Act HIB, Pedvax HIB **	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	Proquad					
Varicella/Chicken Pox	Var	Varivax	Proquad					
Pneumococcal Conjugate*	PCV, PCV-13, PPV-23	Prenvar, Pneumovax***						

Legend:
 *Required by state law for children born on or after 7/1/2015.
 ** 3 shots of Pedvax Hib are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.
 ***Pneumovax is a different vaccine than Prenvar and may be seen in high risk children.
 Note: Children beyond their 5th birthday are not required to receive Hib or PCV vaccines.

Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.

Record updated by:	Date	Record updated by:	Date

Name of Facility: _____

Discipline and Behavior Management Policy

Date Adopted _____

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide 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 levels.
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 spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

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 _____

Distribution: one copy to parent(s) signed copy in child's facility record

Activity and Travel Authorization

I, _____, give permission to Temple Baptist School and Day Care for my child to participate in the following activities:

- I will allow my child to participate in special activities outside of the fenced area on Temple Baptist School and Day Care's campus. Temple Baptist School and Day Care does not participate in field trips away from the facility.
- I will allow my child to take trips in the van/automobile (facility, teacher or parent-owned) for the purpose of EMERGENCIES ONLY. The facility will notify parents if and when an emergency takes place.

This form must be filled out completely in order for your child to attend Temple Baptist School and Day Care.

Parent/Guardian Signature

Date

The following requirements apply to both centers and homes.

Transportation

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 child-staff ratio must be maintained.

Program Records

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. 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.

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.

Parental Rights

- 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.

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care *fournisseur* and referral agency in your community. For more information visit the Resources in Child Care website at: www.ncchildcare.nc.gov. For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829 (In State Only), or visit our homepage at: ncchildcare.nc.gov

Reviewing Files

- A public file is maintained in the Division's main office in Raleigh for every center or family child care home. These files can be
 - viewed during business hours (8 a.m. -5 p.m.);
 - requested via the Division's web site at www.ncchildcare.nc.gov; or
- requested by contacting the Division by telephone at 919-527-6335 or 1-800-859-0829 -800-859-0829.

How to Report a Problem

North Carolina law requires 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 issued an administrative action, fined and may have their licenses suspended or revoked. 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 919-527-6500 or 1-800-859-0829.

Child Abuse, Neglect, or Maltreatment

Every citizen has a responsibility to report suspected child 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, discipline, or when a child is abandoned. **North Carolina law requires any 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** at 919-527-6335 or 1-800-859-0829. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. **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.**



Summary of the North Carolina Child Care Law and Rules

Division of Child Development
and Early Education

North Carolina Department of
Health and Human Services
820 South Boylan Avenue
Raleigh, NC 27699
Revised March 2016

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?

The law defines child care as:

- 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 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 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 care programs.

Star Rated Licenses

Centers and 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.

Family Child Care Homes

A 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 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 providers who meet the following requirements:

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal records background check initially, and every three years thereafter.
- All household members over age 15 must also undergo a criminal records background check initially, and every three years thereafter.
- All family child care home providers must have current certification in CPR and first aid,

complete an ITS-SIDS training (if caring for infants 0 -12 months) every three years and the Emergency Preparedness and Response in Child Care training and plan. They also must complete a minimum number of training hours annually.

All family child care homes must meet basic health and safety standards. Providers must maintain verification of children's immunization and health status. They must provide developmentally appropriate toys and activities, as well as nutritious meals and snacks for the children in care. All children must participate in outdoor play at least one hour per day, if weather conditions permit.

Child Care Centers

Licensing 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. 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.

Licensed centers must meet requirements in the following areas.

Staff

The administrator of 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 ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. At least one person on the premises must have CPR and First Aid training. All staff must also undergo a criminal records background check initially, and every three years thereafter. One staff must complete the Emergency Preparedness and Response in Child Care training and plan.

Staff/Child Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom.

Age	Teacher: Child Ratio	Max Group Size
0-12 mths	1:5	10
12-24mths	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

Small centers in a residence that are licensed for six to 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.

Space and Equipment

Centers must have at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

Curriculum

Four and five star programs must use an approved curriculum in their four-year-old classrooms. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. 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. They must have space and time provided for rest.

Receipt of Center Operational Policies

I, _____, acknowledge that I have read the Parent Handbook which contained Temple Baptist School and Daycare's center operational policies. I agree to the terms and provisions in such policy.

Parent/Guardian Signature

Date

Receipt of Child Care Laws and Rules

I, _____, have received and read the "Summary of the North Carolina Child Care Laws and Rules" from Temple Baptist School and Day Care.

Parent/Guardian Signature

Date

Shaken Baby Syndrome/Abusive Head Trauma Policy

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

Belief Statement

We, Temple Baptist School and Day Care, 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 death. 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/AHT.

Procedures/ 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 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 will:

- 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 CPR.

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: (919) 212-7000.

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 strategies:

- 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

In addition, the facility:

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

Prohibited Behaviors

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

- shaking or jerking a child
- 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-eed/

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 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 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.

Shaken Baby Syndrome/Abusive Head Trauma Policy
Acknowledgement Form

Child's Name _____

Child's Start Date _____

I, _____, acknowledge that I have received and have read
the Shaken Baby Syndrome/Abusive Head Trauma Policy. I was given this policy on

_____.

Date

Signature

Date

Smoking and Tobacco Policy

A tobacco-free environment helps create a safe and healthy school. Smoking and secondhand smoke are known to cause serious lung diseases, heart disease and cancer. Temple Baptist School and Day Care recognizes the hazards caused by tobacco use and exposure to secondhand tobacco smoke. Our policy to provide a tobacco-free environment for all children, parents, employees and visitors was established to keep a safe and healthy school and workplace environment. No use of tobacco products including cigarettes, "spit tobacco" or e-cigarettes is permitted within the facilities or on the property of Temple Baptist Church and Temple Baptist School and Day Care at any time. This policy applies to employees, parents and visitors.

I acknowledge that I have read and understand the smoking and Tobacco policy stated above.

Parent/Guardian Signature

Date



Nutrition Opt Out Form

Effective July 1, 2012, changes occurred to General Statute 110-91(2)h.1 to give parental exceptions that allow a parent or guardian of a child enrolled in a child care facility may: (i) provide food and beverages to their child that may not meet the nutrition standards adopted by the NC Child Care Commission and (ii) opt out of any supplemental food program provided by the child care facility.

Effective December 1, 2012, child care rules were ratified to implement the law. Child Care Rules .0901(c) and 1706 (b) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I _____ plan to provide all meals, snacks and
(Parent/Guardian Print Name)
drinks for my child and do not want his/her meals, snacks or drinks
supplemented to meet the Meal Patterns for Children in Child Care Programs
from the United States Department of Agriculture (USDA), which are based on
the recommended nutrient intake judged by the National Research Council to be
adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I
understand that the program will provide supplemental food and drink.

Parent/Guardian Signature

Date

Medicine Policy

Licensing states that child care programs are not required to administer medication.

Child care laws and the Americans with Disabilities Act law, state that it is imperative that staff are trained in medication administration procedures and that policies are established to reassure parents and staff that the program strives to administer medications safely. If a school or childcare center employs a nurse on staff, the nurse will be responsible for administering medication to the children.

Temple Does not have a school nurse. For many reasons, we have chosen to be a "medication-free" center. Many centers are making this decision because of the liability of administering medications. Our school has a policy that we will not administer medication to any child unless the medical condition is life threatening. Example: asthma, diabetes or allergic reactions or when the medication is in a controlled daily situation. Example of medications allowed: Epi-Pens, Insulin, or a Nebulizer.

We do not administer regularly prescribed or over the counter medication for any reason. If a child is in need of medication, parents are welcome to administer medication at the facility, but cannot store medications at the facility. When a parent comes to administer medication to their child, it should be done in an area away from other children. The parent should make certain that all medication and medication devises, for example, droppers are removed from the area before leaving. Most doctors are able to prescribe medications now that can be given before school & after school.

Each time a medication for nebulizers, insulin, or allergy medications such as an Epi-pen is finished or expired, a new Authorization for Administration of Medication is necessary, and must be updated every 6 months. Children with chronic illnesses such as diabetes, or asthma must have a care plan on file from their physician.

I read and understand the above Medication Policy for Temple Baptist School

Signature _____ Date _____

Authorization for Child's Emergency Medical Treatment

If my child, _____, becomes ill or is involved in an accident and I cannot be contacted, I authorize the following hospital or health provider to give the emergency medical treatment required:

Hospital: _____

Phone Number: (_____) _____ - _____

Address: _____

Or

Health Care Provider: _____ (M.D. / N.P.)

Telephone Number: (_____) _____ - _____

Address: _____

I accept responsibility for any necessary expense incurred in the medical treatment of my child, which is not covered by the following:

Health insurance Company: _____

Name of policy holder: _____

Relationship to child: _____

Policy Number: _____ Coverage: _____

Medicaid Number: _____ State: _____

Child's known allergies or health conditions: _____

I give permission to Temple Baptist School and Day Care, located at 1417 Clifton Street Raleigh NC, 27604, to take my child for treatment.

Parent/Guardian Signature

Date

Door Access Policy

Child's Name _____

Each user has a unique access code

The person to whom access is assigned is responsible for all entries to the school with this code. If you lose your code, it is your responsibility to tell us so that we can either retrieve your code or assign a new code to you.

Never give your code to another person

Any person authorized to pick up your child should have his/her own access code. If someone else is using your code and an issue takes place, you will be held responsible.

Responsibility of authorized persons

You are responsible for the person/persons that you authorize to pick up your child and receive their own code. It is your responsibility to educate these individuals on the policies addressed in this document.

Do not let anyone else in the door with you

If someone else is entering the school at the same time as you, even if you know the individual, he/she must enter his/her own code or ring the bell. This may seem impolite, but it protects your child. If an individual does not use his/her own code because they enter on "your coat tails", you will be held responsible. As you are leaving you must be careful not to let anyone into the building.

Any infraction of the above may result in a loss of your door code and disenrollment of your child.

I verify that I have read the door access policy and agree to the above terms.

Parent/Gaurdian Signature

Date

Temple Baptist Day School Financial Agreement

Child's Name _____

Child's Social Security Number _____ - _____ - _____

Person(s) Responsible for Payment:

_____	_____
Name	Relationship to Child
_____	_____
Name	Relationship to Child

I agree to pay the full tuition of \$_____ per month (on the 1st of each month) or semi-monthly (on the 1st and 15th of each month. Payment will be made on or before my child's first day of school.

I understand that if I do not pay in advance and my account becomes delinquent by five business days I will be charged a late fee of \$30.00. I also understand that if my account is two weeks (ten business days) late, the school has the right to remove my child from the enrollment and his/her space will not be guaranteed.

I understand that there is no pro-rated amount for absence due to illness, holidays, partial weeks, etc.

I understand that fall and summer registration fees are paid yearly and non-refundable. My child's space is not assured until registration is paid.

I agree to give the school a two week notice before withdrawing my child from the program, If notice is not given, I agree to pay ½ month tuition.

I understand that I will be charged \$35.00 for a returned check and at that time forfeit my right to pay by check. All future payments must be made by cash or money order.

I understand that Temple Baptist Day School closes at 6:00 p.m. I understand that a late fee of \$1.00 will be assessed for each minute my child is left in the care of Temple Baptist School staff past 6:00 p.m.

Parent/Guardian Signature

Date

E-mail Notification

We have an e-mail notification system. This allows us to easily send news and information about the school as well as updates and reminders. Please provide your email in the space provided below.

Parent/Guardians Name _____

My E-mail address for contact/receiving information is:

Primary:

_____ @ _____.

Secondary:

_____ @ _____.

- Send E-mail to both primary and secondary addresses.
- No E-mail available.

Photo Permission Slip

Child's Name _____

From time to time we take pictures during school activities. We would like your permission to use these picture on our website, bulletin boards, Facebook page, slide shows, and/or newsletters. Pictures would be selected to highlight activities during the school day, our class environment or our special events. Teachers may also take pictures of children to hang in the classroom for different activities. The pictures will be used to show the many ways our children are having fun and learning while at school!

By signing this form, I am allowing Temple Baptist Day school to take pictures of my child and use them as described above.

Parent/Guardian Signature

Date

LATE PICK-UP POLICY

Pick-Up Policy PURPOSE: To maintain the integrity of the program and to respect the hours of operation of the program.

Temple Baptist School and Day care has created a policy in an effort to insure parents adhere to the pick-up times and program hours. If you have a question or concern to discuss with your child's teacher or director, please arrive early enough so that there is enough time to talk before the center closes. We are always happy to conference with you, but may ask that you make an appointment for another time if it is close to 6:00.

Late Pick up fees: Temple's policy for late pick up is as follows: **\$1 per minute** per child not picked up by 6:00 pm.

If you are going to be late, please first contact Temple. If you know you are going to be late, please ask someone else on your pick-up list to come for your child.

If a parent has not contacted the School by 6:05, the School will follow the protocol below:

1. First the parent/legal guardian will be called.
2. If the parent/legal guardian cannot be reached, we will call from the child's authorized emergency contact list. We will continue to attempt contact with the parent/legal guardian and/or the authorized emergency contacts until 6:30 pm.
3. If by 6:30 pm, we are still not able to reach any parent/legal guardian and/or an authorized emergency contact, we will call Officials/Child Protective Services and/or the local police department.
4. If you call before arriving late, you and the staff will be able to work out the details prior to your arrival.
5. Parent must sign out their child with the accurate time of pick-up on the 'Late Pick-up Form'.
6. The Late Fees will be included in the next tuition billing cycle for the parent's account

Consistent late pick-up communication may lead to dismissal from the program.

Parent/Guardian Signature

Date