



Application Date _____
Date of Enrollment _____

PRESCHOOL APPLICATION

(Please Print)

Name of Child _____ Birthdate _____
(Last) (First) (MI) (Nickname)
Address _____ Zip Code _____

FAMILY INFORMATION:

Father/Guardian's Name _____ Home Phone _____
Address _____ Cell Phone _____
Where Employed _____ Business Phone _____
Email : _____ NC Driver's License # _____

Mother/Guardian's Name _____ Home Phone _____
Address _____ Cell Phone: _____
Where Employed _____ Business Phone _____
Email: _____ NC Driver's License # _____

CHILD INFORMATION:

Does your child have any known allergies? No ____ Yes ____
Explain: _____
Please give any information concerning your child, which will be helpful in his/her experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes).

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____
Address _____
Name of child's dentist _____ Office Phone _____
Address _____
Hospital Preference _____ Phone _____
Insurance Carrier _____ Policy # _____

If a parent cannot be contacted, the following person(s) may be contacted in the event of an emergency. The following person(s) also have permission to pick up.

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

I agree that the director may authorize the physician of her choice to provide emergency care in the event that neither I, nor the family physician can be contacted immediately. I agree that the director or other authorized employee may provide transportation for my child to an appropriate medical resource in the event of an emergency.

(Signature of Parent) (Date)

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

(Signature of Director) (Date)

CHILDREN'S MEDICAL REPORT

Name of Child _____ Birthdate _____
 Name of Parent or Guardian _____
 Address of Parent or Guardian _____

A. Medical History: (To be completed by parent)

1. Is your child allergic to anything? No _____ Yes _____ If yes, what? _____
 2. Is your child currently under a doctor's care? No _____ Yes _____ If yes, what? _____
 3. Is your 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 _____.
 If others, what/when? _____
 6. Does your 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 _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his/her 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 DEHNR standards for EPSDT program. Height _____ Weight _____

Head _____ Eyes _____ Ears _____ Nose _____
 Teeth _____ Throat _____ Neck _____ Heart _____ Chest _____
 Abd/GU _____ Ext _____ Neurological System _____ Skin _____
 Results of Tuberculin Test, if given: Type _____ date _____ Normal _____ Abnormal _____
 Should activities be limited? No _____ Yes _____ If yes, explain: _____
 Any other recommendations: _____

(Signature of authorized examiner/title) _____ (Date of Examination) _____
 Address _____ Phone # _____

C. Immunization History: Attach a copy of the immunization record.

Enter date of each dose – Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
DTP/DT (circle which)					
Polio					
Hib					
Hepatitis B					
MMR (combined doses)					
OTHER					

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

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 misbehavior.
10. DO explain things to the children on their levels.
11. DO use short supervised periods of "time-out": ("Time-out" is described below).
12. DO stay consistent in our behavior management program.

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.

"TIME-OUT"

"Time-out" is the removal of a child for a short period of time (2 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 to the other children.

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 (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 _____