"Where Teaching is a Catalyst for Learning"

Enrollment Forms

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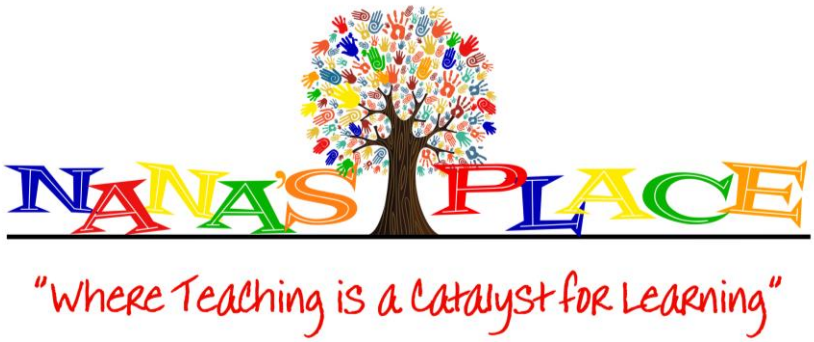

UNIVERSITY CAMPUS
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704.597.3900 Office 704.599.3602 Fax

EAST CAMPUS
2915 N. Sharon Amity
Drive Charlotte, NC 28205
704.568.3899 Office 704.531.1549 Fax
www. nanasplaceinc.com

Application Date:_____ Enrollment Date: _____

APPLICATION FOR ADMISSION

To Be Completed and Placed on File Prior to Enrollment

Name of Child:_____ Date of Birth:_____
Last First Middle Nickname

Address:_____
Street City State Zip Code

PARENT INFORMATION

Mother's/Guardian's Name: _____Home Phone#:_____
Address: _____
Street City State Zip Code
Where Employed: _____ Business Phone#:_____
Social Security #: _____

Father's Name: _____ Home Phone#:_____
Address: _____
Street City State Zip Code
Where Employed: _____Business Phone#:_____

Social Security# — — — — — — — — — Insurance Carrier: _____Policy#:_____

CHILD INFORMATION

Does your child have any known allergies: Yes__No If yes, please explain _____
_____

Please give any information concerning your child that will be helpful in his/her experience in group settings (such as play, eating, sleeping habits, special fears, likes and/or dislikes, etc.):

EMERGENCY CARE INFORMATION

Name of Child's Doctor_____ Office Phone #: _____

Address:_____
Street City State Zip Code
Name of Child's Dentist:_____ Office Phone #:_____
Address:_____
Street City State Zip Code
Hospital Preference: _____ Phone#:_____

If neither mother nor father (or guardian) can be contacted, call (please Indicate relationship):

Name/ Relationship: Horne Phone#: Office Phone #:_____

Name/ Relationship: Horne Phone#: Office Phone#:_____

If you cannot call for your child, please give the names of persons to whom the child can be released:

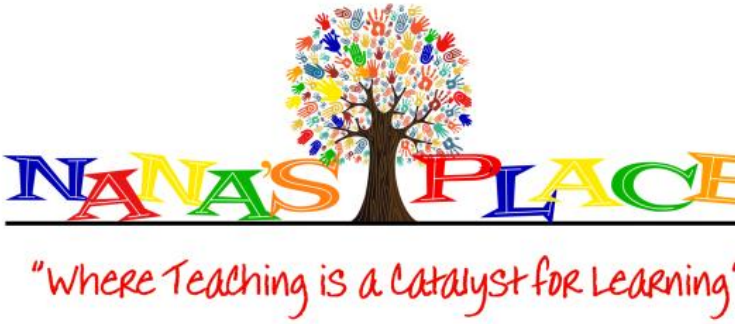
_____

I agree that the operator may authorize the physician of his/ her choice to provide emergency care in the event that neither the familyy physician nor I can be contacted immediately.

Signature of Parent or Guardian: _____Date: _____

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

Signature of Operator:_____ Date:_____



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Emergency Contact Information

Child's Information:

Child's Name:_____ DOB:_____
Child's Name:_____ DOB:_____
Child's Name:_____ DOB:_____
Child's Name:_____ DOB:_____

Parent's Information:

Mother's Name:_____
Address:_____

Home Phone:_____ Work Phone:_____
Cell Phone:_____

Father's Name:_____
Address:_____

Home Phone:_____ Work Phone:_____
Cell Phone:_____ Email:_____

Medical Information:

Doctor's Name:_____
Doctor's Phone:_____
Dentist's Name:_____
Dentist's Name:_____

Emergency Contact:

1. Name & Phone #:_____

2. Name & Phone #:_____

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CHILDREN'S MEDICAL REPORT

To Be Completed and Placed on File Prior to Enrollment

Name of Child: _____ Date of Birth: _____
Last First Middle Nickname

Name of Parent or Guardian: _____
Last First Middle

Address: _____
Street City State Zip Code

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 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 recent illness? No Yes
Diabetes? No Yes Convulsions? No Yes Heart Trouble? 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 _____

8. 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 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 _____ Phone#_____

Office Address
(may use address stamp)

(Continued on Back)

C. IMMUNIZATION HISTORY:

The day care operator or health official must enter the date immunization was received in the space below or attach a copy of the immunization record .

G.S. 130A-155(b) requires all day care facilities to have this information on file.

VACCINE	#1	#2	#3	#4	#5
*DTP/DT (circle which)					
*Polio					
**Hib					
*MMR (combined doses)					
Measles (single dose)					
Mumps (single dose)					
Rubella (single dose)					
OTHER					

* Required by State law

** Required by State law for children born on or after 10/1/91

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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 misbehaviors.
10. Do explain things to children on their level.
11. Do use short supervised periods of time-out.
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
3. sarcastic remarks about, use profanity or otherwise verbally abuse the children.
4. DO NOT shame or punish the children when bathroom accidents occur.
5. DO NOT deny food or rest as punishment.
6. DO NOT relate discipline to eating, resting or sleeping.
7. DO NOT leave children alone.
8. DO NOT place the children in locked rooms, closets or boxes as punishment.
9. DO NOT allow discipline of children by children.
10. DO NOT criticize, make fun of or otherwise belittle children's parents, families or ethnic group.

I, the undersigned parent or guardian of _____, do hereby acknowledge that I have read and received a copy of Nana's Place Child Development Center's Discipline and Behavior Management Policy and the director/ coordinator (or other designated staff member) has discussed the center's Discipline and Behavior Management Policy with me.

Date of Enrollment: ———————————

Signature of Parent or Guardian: ——————————————————————— Date: ——————

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TRAVEL AND ACTIVITY AUTHORIZATION

- D Blanket permission for this activity
- D Special one time permission only
- D Blanket permission all given activities

I, _____ parent/guardian of
Name of Parent or Guardian
_____ give my permission to
Name of Child
Nana's Place Learning Center for my child to participate in the following activities:

Trips in the van/automobile (facility or parent owned) away from the center:
Nana's Place will go on trips to the circus, sesame street, McDonald's, Burger king, Bowling, etc.

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

_____
Signature or Parent or Guardian

_____
Date Signed

This authorization in valid from_____to_____

In addition, if the center has planned activities outside the fenced area of the facility,

- D I will allow my child to play outside the fenced area; or
- D I will not allow my child to play outside the fenced area.

_____
Signature or Parent or Guardian

_____
Date Signed

This authorization is valid from_____to_____