



Enrollment Application

Downtown Winston-Salem

702 N. Cherry Street
Winston-Salem, NC 27101
336.721.0105

Bermuda Run

126 Commerce Drive
Bermuda Run, NC 27006
336.940.3975

Clemmons

2005 Lewisville-Clemmons Road
Clemmons, NC 27012
336.766.8222

South Winston-Salem

1290 Hartman Plaza Drive
Winston-Salem, NC 27127
336.764.0670

A Child's World Learning Center Condition of Service

Payment for all services provided by A Child's World Learning Center is due and payable in advance in accordance with the current rate schedule of the first day of each five (5) day work week for day care services to be rendered in the upcoming Monday through Friday work week. The mandatory form of payment is Tuition Express. Any other form of payment will require a \$5 processing fee. In the event that formal collection shall be pursued, any and all collection fees, including but not limited to reasonable attorney's fees, will be added to the total amount owed and to be collected. When you provide us with a wireless telephone number or landline number you are giving us or a collections agency your prior express consent to call that number.

I/we certify that I/we have read and understand my/our obligations stated in the above paragraph. I/we further understand that rates/fees incurred by me/us with A Child's World Learning Center for day care services are subject to change at any time upon two (2) weeks notice to me/us. Said notice is to be considered given by mailing it to the home address provided by me/us below or being hand delivered. I/we agree to abide by all such obligations as stated herein.

Mother's/Guardian's Name

Father's/Guardian's Name

Mother's/Guardian's Signature

Father's/Guardian's Signature

Mother's/Guardian's Social Security Number

Father's/Guardian's Social Security Number

Mother's/Guardian's Drivers License Number

Father's/Guardian's Drivers License Number

Date

Date

Child's Telephone Number: _____

Child's Address: _____

A Child's World Learning Center Financial Agreement

Registration Fees: A non-refundable registration fee of \$100 per child or \$125 per family is due upon application for enrollment. An annual renewal fee of \$50 per child or \$75 per family is due by January 15th of each year. If the child withdraws and subsequently re-enrolls, payment of a new registration fee is required.

Tuition Fees: The weekly tuition fee (see tuition rate schedule) is due in advance on Monday with no deduction allowed for absences or holidays. Monthly parent fees are due by the 5th of each month. Payment is processed via Tuition Express with a credit/debit card or bank account. Any payments that must be submitted by check, cash, or money order are subject to an additional \$5 processing fee.

Fee Increases: Fee increases are determined by the financial needs of the program. Families will be given a two-week notice regarding any fee increase.

Late Payment Fees: A late fee of \$20 is automatically added each Thursday to any account with an outstanding balance. If payment has not been received by Friday, the child will be withdrawn until the balance is current. Re-enrollment is subject to space availability and payment of a new registration fee.

Insufficient Funds: A \$30 fee plus applicable late payment fees will be charged if Tuition Express is declined or a check is returned for insufficient funds. Late fees continue each week until the balance is current. If this situation occurs, we reserve the right to request certified funds.

Family Discount: A \$15 weekly credit will be issued to any family who has two (2) or more children enrolled in any full-time program.

Inclement Weather: Because we respect your work schedule, we make every effort to open the center during inclement weather. Should severe weather prevent the center from opening on time, or at all, an announcement will be made on local radio and TV stations, and on our website. In the event of an early dismissal, parents will be contacted by phone. There will be no tuition credit given for closings due to inclement weather.

Holidays: The center will be closed in observance of the following holidays: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving (two days), and two days at Christmas (to be announced in January). Parents will be notified of any changes in holiday closing schedule.

Teacher Work Days: The center will be closed in observance of the following teacher work days: Martin Luther King, Jr. Day and other TBD as needed. Essential teacher trainings and classroom enhancements are done during this time.

Additional Fees: Children will have the opportunity to participate in special programs or field trips that may require additional fees which are due in advance of the event. Notices of such events or programs will be posted in advance with the child's participation subject to parent approval. Payment and parent permission must be received by the posted date or the child will not be able to attend the event. The center will not be able to provide care for children not attending the class event due to non-receipt of payment or parent permission.

Child Withdrawal: We recognize that families choose to leave the program for many reasons and that not every situation is appropriate for every child. If you choose to withdraw your child from the program, you must provide two weeks' written notice or make a payment of two weeks' tuition at the time of withdrawal.

Attendance Hours: Our operating hours are from 6:00 or 6:30am to 6:00 or 6:30pm (depending on the center) Monday through Friday, unless otherwise specified. Our program is designed to care for children ten hours or less per day. While we believe a longer day is inappropriate for young children on a continual basis, we realize families occasionally have emergencies or scheduling which may require a longer day. As an exceptional occurrence, we will accommodate a departure from schedule upon request. In order to allow us to adequately plan for staff, please designate your intended daily:

Arrival time _____

Departure time _____

After Hours Departure: Our teachers work a full day and it is unprofessional to ask them to remain after hours on a regular basis. Please arrive in enough time to exit the building by closing time each evening. A late fee of \$10 plus \$1 per minute is added to the child's weekly account for any departure after the designated closing time. Parents will be required to complete a Late Pick-Up Form upon arrival. Parents should notify the center as soon as they are aware of an emergency in order for adequate staffing to be arranged. Late departures are not a program option and should be considered an exceptional occurrence. Repeated delays may jeopardize the child's enrollment status. The center also reserves the right to impose an additional \$50 service fee per occurrence.

Family Information: We continually seek ways to supplement the high cost of quality care. In order for us to qualify for certain grant funds (in particular, the USDA's Child and Adult Care Food Program), we ask you to complete required financial information on your family annually. This information will be held in the strictest confidence.

Insurance: In the event of a medical emergency, we may need to seek medical advice or transport for your child. These expenses, as well as any medical treatments, will be the responsibility of the family. We do not provide medical insurance.

Lost Items: All children must have a labeled change of clothing to be used as needed. Since our daily schedule involves many messy play activities, children should wear comfortable and easily cleaned clothing. The center is not responsible for lost or damaged clothing.

Children's Belongings: We encourage children to bring labeled blankets, pacifiers, stuffed animals or toys as needed to feel secure. While we make every effort to keep these items safe, we cannot be responsible for loss or damage to any items.

Responsibility: We take precautionary measures to prevent accidents and injuries to children. We cannot assume responsibility for accidents, injuries, claims, or damages which are not a result of negligence by our employees.

Confidentiality: All information regarding the child or family will be held in strictest confidence.

I have read and understand this financial agreement and agree to these terms.

Signed _____

Date _____

Signed _____

Date _____



Automated Payment processing Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

AUTHORIZATION FOR CREDIT CARD

I (we) hereby authorize A Child's World Learning Center to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Please contact Center Representative for a list of Credit Cards Accepted as Payment.

_____	_____		
Cardholder Name	Phone #		
_____	_____	_____	_____
Cardholder Address	City	State	Zip
XXXX-XXXX-XXXX-__ __ __ __	_____		
Credit Card Number (Last 4 Digits ONLY)	Expiration Date		
_____	_____		
Signature	Today's Date		

For Official Use Only...

Date Received

Employee Signature

A service of



----- < Cut Here > -----

_____	_____
FULL Credit Card Number	Expiration Date

For Security, please...	_____
<input type="checkbox"/> return this Section of the Authorization Form.	Today's Date
<input type="checkbox"/> Shred this Section of the Authorization Form.	



Automated Payment processing Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

AUTHORIZATION FOR **BANK ACCOUNT** ELECTRONIC FUNDS TRANSFER

I (we) hereby authorize A Child's World Learning Center to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

_____		_____	
Your Name		Phone #	
_____		_____	
Address	City	State	Zip
_____		_____	
Bank or Credit Union Name			
_____		_____	
Bank or Credit Union Address	City	State	Zip
_____		_____	
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
_____		_____	
Routing Transit Number (see sample below)	Account Number (see sample below)		
_____		_____	
Signature		Date	

For Official Use Only...

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____	Attach Voided Check Here	\$ _____
Deposit slips not accepted		_____ Dollars
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of



A Child's World Learning Center Enrollment Form

Child's Information:

Name: _____
First Middle Last Preferred Name

Address: _____
Street City State Zip Code

Date of Birth: _____ Sex: _____ Enrollment Date: _____

Family Information:

Father: _____ Mother: _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Address: _____

(if different from child)

(if different from child)

Employer: _____ Employer: _____

(address)

(address)

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Mobile Carrier: _____ Mobile Carrier: _____

Email: _____ Email: _____

Fax: _____ Fax: _____

Guardian Information: If child is not living at home with either parent, guardian must be listed.

Name: _____ Relationship to child: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax: _____

Child Release Information: To ensure the children's safety, we will release your child to the individuals you list on this form. If you notify the center verbally, we will release your child to those persons listed below. You must notify the center in advance in writing if any other person is picking up your child. Photograph identification may be requested.

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Family Information Release Authorization: Occasionally other enrolled parents request phone numbers or addresses of families for holiday invitations or play opportunities. Please designate your preference concerning release of your family information:

My: address home phone work phone may/ may not be given to other parents

Field Trip Authorization: Occasionally we plan supervised field trips, walks, or buggy rides in the community, as well as water play activities. A separate field trip permission form will be posted describing field trips away from the center requiring transportation. Parents must supply appropriate child restraint devices for use in our vehicles as needed. Please indicate your choice as follows:

My child may may not take nature walks in this community.
My child may may not participate in water play at the center.
My child may may not participate in pre-announced field trips.

Food Exceptions: Food may only be supplied by parents for special classroom events or when the center cannot accommodate the child's special dietary needs due to medical conditions or religious preferences. Medical conditions must be documented by the child's pediatrician. The following conditions must be met in order for parents to supply food: 1) the food must be served at the scheduled class time, 2) the food must meet the nutritional guidelines as outlined by the CACFP, 3) the food must be properly labeled and stored to meet health and sanitation guidelines, and 4) food to be shared with other children must be from an approved retail outlet. If these conditions are not met, only the food on the prepared menu will be served to your child.

If we have any concerns that your child's developmental needs are not being met, every effort will be made to involve you in the process of identifying the problems and finding solutions. However, if after reasonable and appropriate interventions have been tried unsuccessfully, we reserve the right to ask you to withdraw your child from care in a time frame that is in the best interest of the child and the program. We will be glad to share our resources for referral services and help prepare your child for the transition.

Signed: _____ Date: _____

Signed: _____ Date: _____

Family/Teacher Relationships: In an effort to prevent any conflict of interest, caregiving and relationships outside of company hours are to be arranged directly between the parent and the employee. ACWLC is not responsible or liable for an employee's conduct or actions outside of the ACWLC work environment. Parents/guardians understand and agree NOT to solicit any ACWLC employee to work as a personal nanny during the time their child(ren) is enrolled in our program and for a period of six (6) months after enrollment is terminated. The term "ACWLC employee" refers to any person paid by ACWLC to provide childcare/education/administrative services. The term "personal nanny" refers to someone that provides childcare/educational services to any child of said parent/guardian during the normal operating hours of ACWLC. Violation of this policy will result in fees charged to parent/guardian to offset employee replacement costs.

Photograph Notification: Occasionally we take photographs of children in the center for display purposes, training videos, artwork labels, newspaper publicity, social media/Facebook, or the company website. Additionally, child care professionals may visit our center for training purposes. Your child may be photographed or observed for training purposes at unscheduled, unannounced times.

Parent Awareness of Webcam Utilization: A Child's World Learning Center has contracted with Peanut Butter and Jelly TV, L.L.C. to provide the added value of allowing you to view your child in his/her learning environment via webcasting. This benefit extends our "open door" policy so our families can see all the great things happening in their child's classroom. This feature also allows authorized administrative personnel to observe the classrooms to ensure that the highest program standards are maintained. PB&J TV provides industry leading security including timed viewing sessions, encrypted encoding and multiple passwords, and generic viewing only (no bathrooms or changing tables). A Child's World Learning Center and its representatives and employees understands and agrees to abide by all laws, and specifically federal law as set forth by The Child's Online Privacy Protection Act of 1998.

I agree not to solicit any ACWLC employee to work as a personal nanny during the time my child(ren) is enrolled in ACWLC's program and for a period of six (6) months after enrollment is terminated. I am aware that A Child's World Learning Center utilizes photography and the webcasting services of Peanut Butter and Jelly TV L.L.C, whereby utilizing webcams and/or recordings of my child while in the center for observation/security purposes and give my consent to this activity.

Signed: _____

Date: _____

Signed: _____

Date: _____



ALL children enrolled at A Child's World Learning Center must complete annual Child and Adult Care Food Program Enrollment Applications and Income Eligibility forms. Infants must also fill out an Infant Formula Provision form, and children with allergies must complete a Meal Modification sheet. These forms are available through the institution's website. Please make sure you follow the links provided at the end of the Enrollment Application to complete the necessary forms. Call the center director with questions.

**A Child's World Learning Center
Child Information Form**

Child's Information:

Name: _____ Date of Birth: _____
 First Last

Names and ages of siblings (if any): _____

Personal History: (Please check all that apply)

crawls walks talks uses sentences has speech difficulties

Special conditions or allergies: _____

Social History: (Please check all that apply)

plays well with others prefers playing alone naturally friendly aggressive shy

Fears: animals dark storms strangers noise other _____

How do you comfort your child? _____

Toilet Habits: (Please check all that apply)

diapers pull-ups training trained adult assistance needed cleans self

frequent accidents occasional accidents special bathroom words: _____

Behavior:

How is child disciplined at home? _____

What helps when your child is upset? _____

Feeding Habits: (Please check all that apply)

bottle formula whole milk (warmed/ room temperature)
 baby food finger food table food (warmed/ room temperature)
 cup spoon fork fingers

Favorite foods: _____

Refused foods: _____

Sleep Habits: (Please check all that apply)

blanket thumb animal pacifier other _____

Bedtime: _____ AM Wake Time: _____

How does your child sleep best? _____

Parenting Philosophy:

Do you have specific ideas about parenting or information that would help us better care for your child as an individual? _____

Daily Schedule:

Please describe by approximate time, your child's current daily activities including nap and meal times:

By signing below I am acknowledging that I have received a copy of the Family Handbook, which outlines the policies and procedures of A Child's World Learning Center. I understand that if any of the policies that have been set forth in writing to me should change, I shall be given notice thereof in writing, two weeks prior to the changing of said policies.

I also acknowledge receipt of the N. C. Child Care Law and Rules Summary.

Signed: _____

Date: _____

Parent/Guardian

A Child's World Learning Center Medical Report

Child's Information:

Name: _____ Date of Birth: _____
First Middle Last

Name of Parent or Guardian: _____

Medical History: (May be completed by parent)

Is the child currently under the care of a doctor? Yes No If so, why? _____

Is the child allergic to anything? Yes No If so, what? _____

Any continuous medication? Yes No If so, what? _____

Any physical disabilities? Yes No If so, describe: _____

Any mental disabilities? Yes No If so, describe: _____

Any previous operations? Yes No If so, what? _____

History of convulsions? Yes No Diabetes? Yes No Heart Disease? Yes No

Immunization Record: (May be completed by parent) Enter date of dose- month/ day/ year:

VACCINE	#1	#2	#3	#4	#5
DTP/DT					
Polio					
Hib					
Hepatitis B					
MMR					
Other					

Physical Examination: (Must be completed by a licensed physician, their authorized, board-approved agent, a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSTD programs)

Height	Weight	Head	Eyes	Ears
%	%	Throat	Neck	Heart
Nose	Teeth	Ext	Skin	Neurological
Chest	Adb/gu	Date	Normal	Abnormal

TB Test, if given _____ Type _____
 Should activities be limited? Yes No If yes, explain: _____

Any other recommendations? _____

Signed _____ Date of examination _____

Authorized examiner/title

Examiner's Phone: _____

Please provide the following information to assist us in securing medical care, if necessary, for your child.

Name of Child's Doctor: _____ Office Phone: _____

Address: _____

Name of Child's Dentist: _____ Office Phone: _____

Address: _____

Hospital Preference: _____ Insurance Carrier: _____

If neither father, mother, nor guardian can be contacted, whom may we call?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

ACWLC Medical Policies

Children must submit current medical and immunization records prior to enrollment. These records should be updated annually or each time the child receives an exam or immunization. Children must be well enough to participate in the regular program, including outdoor activities, to be in attendance.

A description of conditions for attendance is outlined in the Family Handbook. Children absent due to a contagious illness may return to the center after being symptom-free without medication for a full 24-hour period. The final decision on whether the child may attend or is to be excluded is made by the childcare center administrator.

ACWLC Health and Safety Policies

A Child's World Learning Center understands that it is difficult for a parent to miss or leave work; therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up early due to illness. For children's comfort and to reduce the risk of contagion, parents/guardians must pick up their sick child within an hour after notification.

Medication will be administered at lunch only as outlined in the Medication Policies section of the Family Handbook. Medicine must be accompanied by an authorized prescription, doctor's note, and permission form completed by the parent.

Children will have an indoor rest period of at least 45 minutes, as required by state law. Children unable to sleep will rest quietly on their personal mat.

Children will play outdoors daily, except during inclement weather or when the Air Quality Index indicates that outdoor time must be limited or avoided. Children under two years old will play outside if the playground is dry and the temperature is 32 degrees or above. Children over two will go outside daily for short periods of time unless severely cold. Children must be well enough to participate in activities to be in attendance.

Family members are welcome and encouraged to visit the center at anytime. Parents or guardians must sign or check in their children daily.

To ensure that each child is safe and under supervision at all times and to foster communication on a daily basis, parents must accompany their children to the classroom and ensure the child is supervised before leaving the premises. Parents must enter the building when picking up their child and must notify the teacher that the child is under the parent's supervision. Parents are responsible for their child's safety in the building, play areas, and parking lot once the parent has taken care of the child.

I understand these policies and I give permission in an emergency, for A Child's World Learning Center to administer First Aid, obtain medical treatment, or transport to a medical facility as determined to be in the best interest of my child. I understand every effort will be made to contact me if this situation arises.

Parent's Signature: _____ Date: _____

I, as the director, 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 or child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Director's Signature: _____ Date: _____

A Child's World Learning Center

Discipline and Behavior Management Policy

At A Child's World Learning Center we encourage three (3) important concepts daily: Be Safe, Be Neat, and Be Kind. Our goal is to teach children to respect the rights of others, avoid danger, and to take proper care of themselves and their environment.

We also believe children have a right to not be hurt, a right to avoid unnecessary discomfort, and a right to their own possessions. We will try to uphold these rights by teaching and practicing our three key concepts.

There are many reasons why children make inappropriate choices. These reasons may include but are not limited to anger, fear, need for attention, fatigue, frustration, confusion, feeling troubled, boredom, and simply not knowing the appropriate choice.

Teachers should consider these things when establishing classroom discipline and limits:

1. Health and safety issues
2. Developmental appropriateness
3. Age appropriateness
4. Individual appropriateness
5. Cultural appropriateness

ACWLC, Inc. encourages teachers to use appropriate discipline techniques to establish a positive classroom environment such as:

1. Distraction
2. Redirection
3. Proximity
4. Talking and Paying Attention
5. Setting Limits
6. Consistency, Smooth Transitions, No Waiting
7. Offering Interesting Activities
8. Choices and Flexibility
9. Establishing Relationships
10. Positive Reinforcement

We will do what we can to ensure a nurturing environment by planning developmentally appropriate activities, arranging the environment so that it is conducive to learning, and working with each child on an individual basis. We will also teach the children what is expected of them through positive reinforcement. Most importantly, we will love and nurture them so that they will feel good about themselves.

Based on this belief of how children learn and develop values, this facility will practice the following positive discipline and behavior management policy:

WE DO...

1. Praise, reward, and encourage the children.
2. Reason with and set limits for the children.
3. Model appropriate behavior for the children.
4. Modify the classroom environment to attempt to prevent problems before they occur.
5. Listen to the children.

6. Provide the children with alternatives for inappropriate behavior.
7. Provide the children with natural and logical consequences of their behaviors.
8. Treat the children as people and respect their needs, desires, and feelings.
9. Ignore minor misbehaviors.
10. Explain things to children on their levels.
11. Use short supervised periods of "time-away" (described below).
12. Stay consistent in our behavior management program.

WE DO NOT...

1. Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children. This action could be considered physical abuse by ACWLC, Inc. and the state of North Carolina.
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse the children. This action could be considered emotional abuse by ACWLC, Inc. and the state of North Carolina.
3. Shame or punish the children when bathroom accidents occur. This action could be considered emotional abuse by ACWLC, Inc. and the state of North Carolina.
4. Deny food or rest as punishment. This action could be considered physical neglect by ACWLC, Inc. and the state of North Carolina.
5. Leave the children alone, unattended, or without supervision. This action could be considered physical neglect by ACWLC, Inc. and the state of North Carolina.
6. Relate discipline to eating, resting, or sleeping. This action could be considered physical neglect by ACWLC, Inc. and the state of North Carolina.
7. Place the children in locked rooms, closets, or boxes as punishment. This action could be considered physical neglect by ACWLC, Inc. and the state of North Carolina.
8. Allow discipline of children by children. This action could be considered emotional neglect by ACWLC, Inc. and the state of North Carolina.
9. Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups. This action could be considered emotional neglect by ACWLC, Inc. and the state of North Carolina.

"Time-Away"

"Time-away" is the removal of a child for a short period of time (three to five minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-away" space, usually a chair, is located away from classroom activity but within the teacher's sight. During "time-away", 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 five (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 _____, 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/coordinator (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: _____

A Child's World Learning Center Infant Feeding Schedule

Name of Child: _____

Date of Birth: _____

Instructions:

1. Food/Bottles brought daily (quantity): _____

2. Instructions for feeding:

A. Bottles (breast milk, formula, milk, juice, water) _____

B. Food (baby food, cereal, table food) _____

3. I plan to nurse: (approximate times) _____

Changes in Schedule (must be recorded as eating habits change)

Food:	Date to Introduce:	New Instructions:	Staff Signature:
Milk/Formula (type?)	_____	_____	_____
Baby Food	_____	_____	_____
Juice	_____	_____	_____
Cereal	_____	_____	_____
Table Food	_____	_____	_____

* Must be completed for all children less than 15 months old

Note: Infants should be fed the first meal at home prior to arrival at the center. A daily report is provided each day for recording feeding, diapering, and activities and for daily communication between family and the center. Please complete the section that records the infant's most recent feeding time.

Signed: _____
Parent/Guardian Signature

Date: _____

A Child's World Learning Center

Infant/Toddler Safe Sleep Policy

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history. Child care providers can maintain safe safer sleep environments for babies that help lower the chances of SIDS. North Carolina law requires that child care providers caring for children 12 months of age or younger implement a safe sleep policy, share information, and participate in training. In the belief that proactive steps can be taken to lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this facility will practice the following safe sleep policy.

Safe Sleep Practices

1. All child care staff working in this room, or child care staff who may potentially work in this room, will receive training on our infant Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a waiver notice will be posted at the infant's crib and the waiver filed in the infant's file.
3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.
4. We will follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
5. Visually checking sleeping infants. Sleeping infants will be checked daily, every 15-20 minutes, by assigned staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. We will be especially alert to monitor a sleeping infant during the first weeks the infant is in child care. We will check to see if the infant's skin color is normal, watch the rise and fall of the chest to observe breathing, and look to see if the infant is sleeping soundly. We will check the infant for signs of overheating including flushed skin color, body temperature by touch, and restlessness.
6. Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding, and not over-dressing or over-wrapping the baby.

Safe Sleep Environment

7. Room temperature will be kept between 68-75 degrees F and a thermometer kept in the infant room.
8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. We may use a sleep sack instead of a blanket.
9. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.
10. Toys and stuffed animals will be removed from the crib when the infant is sleeping. Pacifiers will be allowed in infants' cribs while they sleep.
11. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
12. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency.
13. No smoking is permitted in the infant room or on the premises.
14. All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.
15. To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.

Best Practices

1. All staff will participate in Responding to an Unresponsive Infant practice drills twice each year, in April and October, in conjunction with fire drills.

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 Infant/Toddler Safe Sleep Policy and that a designated staff member from the facility has discussed the safe sleep policy with me.

Signature of Parent or Guardian: _____ Date: _____

Signature of Child Care Provider: _____ Date: _____

A Child's World Learning Center Travel and Activity Authorization

_____ (initial) Blanket permission for all given activities.

I, _____, parent/guardian of _____, give my permission to A Child's World Learning Center for my child to participate in field trips away from the facility. I understand that the facility will use the appropriate child restraint devices provided by me and abide by all the safety rules in Rule.1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

This authorization is valid from ____/____/____ to ____/____/____.

Parent/Guardian Signature

Date

In addition, if the facility has planned activities outside the fenced area of the building,
_____ (initial) I will allow my child to play outside the fenced area, or
_____ (initial) I will NOT allow my child to play outside the fenced area.

This authorization is valid from ____/____/____ to ____/____/____.

Parent/Guardian Signature

Date

I understand these policies and I give permission in an emergency for A Child's World Learning Center to administer first aid, obtain medical treatment, or transport to a medical facility as determined to be in the best interest of my child. I understand that every effort will be made to contact me if this situation arises.

Parent/Guardian Signature

Date

I, as the Director of A Child's World Learning Center, 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 medication without specific instructions from the child's physician. Provisions will be made for adequate and appropriate rest and outdoor play.

Director Signature

Date

Links for CACFP Forms- ALL children must have complete forms on file. Thank you!

Food Program Enrollment Form (ALL children):

<http://www.nutritionnc.com/snp/pdf/cacfp/forms/fy2015/recordkeeping/EnrollmentFormChild.pdf>

Food Program Income Eligibility Form (ALL children):

<http://www.nutritionnc.com/snp/pdf/cacfp/forms/fy2015/CAC1-ChildEligibilityApplicationEnglish04-14.pdf>

Food Program Medical Statement Regarding Meal Modifications (ONLY children with allergies or religious needs)

<http://www.nutritionnc.com/snp/pdf/cacfp/forms/fy2015/recordkeeping/MedicalStatement.pdf>

Infant Formula Form- Must be completed by all parents of children aged 0-11 months.

<http://www.nutritionnc.com/snp/pdf/cacfp/forms/fy2015/recordkeeping/ProvisionofBreastMilkorInfantFormula.pdf>