



# 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.

Child(ren)'s Names(s) \_\_\_\_\_

\_\_\_\_\_  
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 Driver's License Number

\_\_\_\_\_  
Father's/Guardian's Driver's License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Child's Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's/Guardian's Home Number:

\_\_\_\_\_

Mother's/Guardian's Work Number:

\_\_\_\_\_

Mother's/Guardian's Cell Number:

\_\_\_\_\_

Mother's/Guardian's Work Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's/Guardian's Email:

\_\_\_\_\_

Father's/Guardian's Home Number:

\_\_\_\_\_

Father's/Guardian's Work Number:

\_\_\_\_\_

Father's/Guardian's Cell Number:

\_\_\_\_\_

Father's/Guardian's Work Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's/Guardian's Email:

\_\_\_\_\_

## **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 15<sup>th</sup> 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 in full by the 5<sup>th</sup> 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 Veteran's Day observed. 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 or pacifiers 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...

☐ return this Section of the Authorization Form.

☐ Shred this Section of the Authorization Form.

\_\_\_\_\_  
Today's 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 **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

\_\_\_\_\_  
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: _____		<b>Attach Voided Check Here</b>	
_____		Dollars	
Deposit slips not accepted			
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: \_\_\_\_\_

Primary Language Spoken in the Home: \_\_\_\_\_

### 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 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	<input type="checkbox"/> may	<input type="checkbox"/> may not	take nature walks in this community.
My child	<input type="checkbox"/> may	<input type="checkbox"/> may not	participate in water play at the center.
My child	<input type="checkbox"/> may	<input type="checkbox"/> 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 marketing materials 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. I understand that webcams are only available to registered parents for time-restricted real-time viewing as specified. Any recorded video is property of the company and is accessible to members of ACWLC management only, with no exception. I understand that ACWLC is a tobacco-free campus.*

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 included at the end of the Enrollment Application and in the Infant Enrollment Packet. Call the center director with questions.



## BLANKET PERMISSION FOR ROUTINE TRANSPORT OF SCHOOL-AGE CHILDREN\*

### A Child's World Learning Center (ACWLC)

\_\_\_\_\_ Date

I \_\_\_\_\_ give permission for \_\_\_\_\_  
*Parent's Name* *Child's Name*

to be transported to \_\_\_\_\_  
*Location/ School*

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Method of Travel: **Company Van or Bus**

Transportation providers: **ACWLC Commercial Auto Driver Information Schedule**

Other important information: \_\_\_\_\_  
\_\_\_\_\_

Blanket Permission is valid from \_\_\_\_\_ to \_\_\_\_\_  
*(Up to 12 months)*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*This form is not to be used for field trips or other off-premise activities.*

# 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? \_\_\_\_\_

Please describe your family's views towards traditional holidays. We celebrate many holidays within the school and enjoy having families share their unique traditions with the class as well. By sharing your customary holidays we are able to adapt child-made gifts that may occur.

**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: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

# 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. Religious or medical exemptions are not accepted. 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: \_\_\_\_\_



## **DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY FOR CHILDREN**

A Child's World Learning Centers teaches children three basic concepts: Be Safe, Be Neat, and Be Kind. With these goals in mind, we hope to teach children to avoid danger, to take proper care of themselves and their environment, and to respect the rights of others.

We also believe children have a right to stay free of injury, 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 goals.

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 and have a clear understanding of these things when establishing classroom guidance, discipline and limits:

1. Health and safety issues
2. Developmental appropriateness
3. Age appropriateness
4. Individual appropriateness
5. Cultural appropriateness
6. Social and emotional appropriateness/needs
7. Problem-solving and decision making techniques
8. Respect the dignity of all children
9. Transitions will be kept to a minimum

ACWLC 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 school 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 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 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 and the state of North Carolina.
4. Deny food or rest as punishment. This action could be considered physical neglect by ACWLC and the state of North Carolina.
5. Leave the children alone, unattended, or without supervision. This action could be considered physical neglect by ACWLC and the state of North Carolina.
6. Relate discipline to eating, resting, or sleeping. This action could be considered physical neglect by ACWLC 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 and the state of North Carolina.
8. Allow discipline of children by children. This action could be considered emotional neglect by ACWLC 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 and the state of North Carolina.
10. Assign chores that require contact with or use of hazardous materials, such as cleaning bathrooms, floors, or emptying diaper pails.
11. Require physical activity, such as running laps or doing push-ups, to be completed as a form of punishment.
12. Restrain children (holding in any way that limits a child's movement) as a form of discipline when the child's safety or safety of others is not at risk.

## **"TIME-IN"**

"Time-in" allows a child to calm down, learn how to understand his / her feelings and learn to express those feelings in appropriate ways. Time In is used when a child's behavior is out of control and he / she is likely to cause harm to the child, other people and / or things. The Time In space is a designated setting free from distraction, yet visible to teachers, equipped with materials to encourage children to calm down. Routines should be established for Time In that are consistent including allowing the child to calm down, talk about the child's feelings, what caused the feelings and what the child can do differently next time.

***I have read and received a copy of the school's Discipline and Behavior Management Policy for Children and the school's Director (or other designated staff member) has discussed the school's Discipline and Behavior Management Policy for Children with me.***

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**Signature**

*Revised November 19, 2019*

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**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

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## PREVENTION OF SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA POLICY

### **Belief Statement**

A Child's World Learning Center (ACWLC) believes 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.

### **Procedure/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.

Responding to:

- If SBS/ABT is suspected, our 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](mailto:webmasterdcd@dhhs.nc.gov).
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services.

### **Prevention strategies to assist staff in coping with a crying, fussing, or distraught child:**

We 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, we will attempt one or more of the following strategies<sup>5</sup>:

- 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, ACWLC:

- 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 on understanding 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](http://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](http://www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups)

### **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 reviews and discusses:

- 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](http://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/](http://developingchild.harvard.edu/resources/inbrief-science-of-eed/)

### **Resources**

Parent web resources:

- The American Academy of Pediatrics: [www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx](http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx)
- The National Center on Shaken Baby Syndrome: <http://dontshake.org/family-resources>
- The Period of Purple Crying: <http://purplecrying.info/>

ACWLC web resources:

- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, [http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing\\_SBS\\_508-a.pdf](http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf)

I, the undersigned parent or guardian of \_\_\_\_\_, do hereby state that I have read and received a copy of the Shaken Baby Syndrome and Abusive Head Trauma Policy and the school's director (or other designated staff member) has discussed the school's Shaken Baby Syndrome and Abusive Head Trauma Policy with me.

Date of child's enrollment: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



North Carolina Department of Health and Human Services  
Division of Public Health  
Child and Adult Care Food Program

## CHILD INCOME ELIGIBILITY APPLICATION



INSTITUTION NAME: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ AGREEMENT#: \_\_\_\_\_

1. PARTICIPANT'S NAME & DATE OF BIRTH:

First Name	Last Name	Date of Birth	First Name	Last Name	Date of Birth
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2. SNAP, TANF or FDPIR case number:

SNAP # \_\_\_\_\_ TANF#: \_\_\_\_\_ FDPIR # \_\_\_\_\_

If you have provided the case number; DO NOT complete #3 and #4. **Skip to complete #5 and #6.**

3. Is this application for a: Foster Child? ☐ Yes ☐ No Homeless Child? ☐ Yes ☐ No Child from a migrant family? ☐ Yes ☐ No

4. HOUSEHOLD MEMBERS MONTHLY INCOME:

Names of All Other Household Members	Monthly Wages / Salaries	Monthly Social Security	Monthly Public Assistance / Child Support	Monthly Retirement Pensions	Other Monthly Income
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Check one). ☐ Hispanic or Latino ☐ Not Hispanic or Latino

RACE (Check one or more): ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Asian  
☐ Native Hawaiian or Other Pacific Islander

6. **SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct; that the application is being made in connection with the receipt of federal funds, that Program officials may verify the information on the application; and that deliberate misrepresentation of any of the information on the application may subject me to prosecution under applicable State and Federal criminal statutes.

_____ Signature of Adult Household Member (Required)		_____ Date	_____ Last Four Digits of Social Security Number (Required if qualifying by income)
			Check if no SSN <input type="checkbox"/>

_____ Printed Name	_____ Home Telephone #	_____ Work Telephone #
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_____ Address	_____ City	_____ Zip Code
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The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals and for administration and enforcement of the Program.

**To be completed by Institution/Sponsor**

TOTAL HOUSEHOLD SIZE \_\_\_\_\_ TOTAL HOUSEHOLD MONTHLY INCOME \$ \_\_\_\_\_

Approved: ☐ Free ☐ Reduced-Price ☐ Denied

Reason for denial: ☐ Income too high ☐ Incomplete application ☐ Other: \_\_\_\_\_

Withdrew on (Date): \_\_\_\_\_

**For state use only:**

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Verified classification:

☐ Free ☐ Reduced-Price ☐ Denied

Reason for classification change: \_\_\_\_\_

\_\_\_\_\_  
Signature of Eligibility Official (Individual at the Institution Level) – Required

\_\_\_\_\_  
Date – Required



North Carolina Department of Health and Human Services  
Division of Public Health  
Child and Adult Care Food Program  
**Child Participant Enrollment Form**



INSTITUTION NAME: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ AGREEMENT#: \_\_\_\_\_

**Dear Parent/Guardian,**

This center/program receives funding from the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs proof of enrollment for all children. Please complete the table below for each child in your family that is enrolled at this center/program. Be sure to sign and date in the space below. Thank you.

The information below should be completed by the parent or guardian.

Child's First Name	Child's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM

**Normal/Typical Hours of Care:** Please write in each child's usual arrival and departure time. Indicate a.m. or p.m.

**Normal Days of Care:** Please circle the days of the week each child is usually in attendance at the facility.

(M-Monday; T-Tuesday; W-Wednesday; Th- Thursday; F-Friday; Sat-Saturday; Sun-Sunday)

**Meals Normally Eaten** – Please circle the meals each child usually eats at the facility.

(B-Breakfast; AM-AM Snack; L-Lunch; PM-PM Snack; S-Supper; LPM-Late PM/Evening Snack)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: ( ) \_\_\_\_\_ Work Telephone Number: ( ) \_\_\_\_\_

**For Facility/Provider Use Only:**

Signature of Facility Representative/Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Date each child withdrew: \_\_\_\_\_

**For State Use Only:** Complete: \_\_\_\_\_ Incomplete \_\_\_\_\_ Reason: \_\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

This institution is an equal opportunity provider.