Enrollment Application

A Child's World Learning Center- Bermuda Run
126 Commerce Drive
Bermuda Run, NC 27006
(336)940-3975

A Child's World Learning Center- Clemmons
2005 Lewisville-Clemmons Road
Clemmons, NC 27012
(336)766-8222

A Child's World Learning Center- Downtown
701 N. Cherry Street
Winston-Salem, NC 27101
(336)721-0105

A Child's World Learning Center- Pilot Mountain
320 Old Westfield Road
Pilot Mountain, NC 27041
(336)444-9088

A Child's World Learning Center- South
1290 Hartman Plaza Drive
Winston-Salem, NC 27127
(336)764-0670

This institution is an equal opportunity provider.

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 accordance with the current rate schedule on the **first day of each five (5) day work week** for daycare services to be rendered in the current Monday through Friday work week, OR by the **5th of the month for subsidized services** in accordance with subsidy program guidelines. The mandatory form of payment is Tuition Express. Any other form of payment will require a 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 certify that I have read and understand my obligations stated in the above paragraph. I further understand that rates/fees incurred by me with A Child's World Learning Center for daycare services are subject to change at any time with **two (2) weeks notice**. I understand that I am responsible for all information sent electronically from the center, pertaining to fees, operations, or my child(ren), and that I have the right at any time to request such communications in hard copy form. I/we agree to abide by all such obligations as stated herein.

Child(ren)'s Names(s)_____

Parent 1's/Guardian's Name	Parent 2's/Guardian's Name
Parent 1's/Guardian's Signature	Parent 2's/Guardian's Signature
Parent 1's/Guardian's Social Security Number	Parent 2's/Guardian's Social Security Number
Parent 1's/Guardian's Driver's License Number	Parent 2's/Guardian's Driver's License Number
Date	Date

Child's Address: _____

_____

Parent 1's/Guardian's Home Number: _____

Parent 1's/Guardian's Work Number: _____

Parent 1's/Guardian's Cell Number: _____

Parent 1's/Guardian's Email: _____

Parent 2's/Guardian's Home Number: _____

Parent 2's/Guardian's Work Number: _____

Parent 2's/Guardian's Cell Number: _____

Parent 2's/Guardian's Email: _____

A Child's World Learning Center
Financial Agreement

Registration Fees: A non-refundable registration fee of $75 per child or $100 per family is due upon application for enrollment. An annual renewal fee of $75 per child or $100 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 in full 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 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 $35 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 $45 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.

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, on our website, and/or via parent app. In the event of an early dismissal, parents will be contacted by parent app and/or 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, Juneteenth, Independence Day, Labor Day, Thanksgiving (two days), and Christmas (two and half days). 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, day before Good Friday (center closed at 12:00 pm), and Veteran's Day observed. Essential teacher trainings and classroom enhancements are done during this time.

Special Activity 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 6:30am to 6:00pm 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

Procare SOLUTIONS

Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). 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. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

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) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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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:

Parent 1: _____ Parent 2: _____

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 ☐ 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.

Special Behavior Situations in Group Care: If we have any concerns that your child's developmental needs are not being met or his/her's behavior is not suitable for large group care, 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.

Parent Code of Conduct: Courtesy and appropriate communication are expected at all times from parents; in the building/parking lot, over the phone or through electronic communications. Refusing to cooperate with management, being physically or verbally abusive towards any team member, or neglecting to provide requested items needed for the child's care are grounds for immediate termination of services.

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.

Participation in the Child and Adult Care Food Program: All children enrolled at A Child's World Learning Center must complete initial and 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. Please call the center director with questions.

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 I will be required to maintain current CACFP documentation at all times.

I understand that ACWLC is a tobacco-free campus. This includes the parking lot and all company vehicles.

Signed: _____ Date: _____

Signed: _____ Date: _____

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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 the electronic location 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 parent 1, parent 2, 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 regularly scheduled 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, with the exception of several major illnesses which have their own requirements. 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 any time, provided they do not disrupt the flow of the classroom or progression of daily scheduled activities. 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-in" (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.

If a child's behavior requires that s/he be physically moved, the teacher shall pick him/her up by using both hands securely on the torso. The teacher shall make sure that his/her momentum moves with the child and not against it. If a child is pulling away from a teacher or otherwise being physical in such a manner as to potentially cause harm to him/herself, the teacher, or other children, the teacher shall clear the area of hazards and other people and call center management for assistance.

"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 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.

_____ _____

Signature **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.
- 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[5]:

- 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, https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/N/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

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
- The Science of Early Childhood Development, Center on the Developing Child, developingchild.harvard.edu/resources/inbrief-science-of-ecd/

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
- 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

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: _____

BLANKET PERMISSION FOR ROUTINE TRANSPORT OF SCHOOL-AGE CHILDREN*

A Child's World Learning Center (ACWLC)

_____
Date

I _____ give permission for _____
Parent/Guardian'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 Contact Name and Number: _____ _____

Emergency Contact Name and Number: _____ _____

Parent/Guardian Signature _____ Date_____

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

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North Carolina Department of Health and Human Services
Division of Child and Family Well-Being, Community Nutrition Services Section
Child and Adult Care Food Program

INFANT AND 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

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 Infant/Child? ☐Yes ☐No Homeless Infant/Child? ☐Yes ☐No Infant/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.

_____ _____ Check if no SSN ☐
Signature of Adult Household Member (Required) Date Last Four Digits of Social Security Number (Required **only** if qualifying by income**)**

_____ _____
Printed Name Home Telephone # Work Telephone #

_____
Address City Zip Code

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 infant/child for free or reduced-price meals. You must include the last four digits of the social security number or check the "no SSN" box of the adult household member who signs the application if qualifying by income. The last four digits of the social security number is not required when you apply on behalf of a foster infant/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 infant/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 infant/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 Child and Family Well-Being, Community Nutrition Services Section
Child and Adult Care Food Program

Infant and Child 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 infants and children. Please complete the table below for each infant and/or child in your family enrolled at this center/program. Be sure to sign and date in the space below.

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

Infant/Child's First Name	Infant/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: Write in each infant/child's usual arrival and departure time. Indicate a.m. or p.m.

Normal Days of Care: Circle the days of the week each infant/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 – Circle the meals each infant/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 infant/child withdrew:_____

For State Use Only: Complete:_____ Incomplete_____ Reason:_____ Verified by:_____ Date:_____

This institution is an equal opportunity provider.