

Program:

- Full-time Infant - PreK
- 9 to Noon Pre-school
- Before-school _____
- After-school _____
- School-age Mini-camps
- Summer Camp

King's Keep Learning Center Enrollment Application

Application Date _____

Desired Start Date _____

Child's Name _____ Nickname _____
 Birth date _____ Social Security # _____
 Address _____ Zip _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone () _____
 Address _____ Zip _____

Name of Employer _____ Work Phone () _____

Pager or Cell # () _____ Business Address _____

Work Hours _____

Email _____

Mother/Guardian's Name _____ Home Phone () _____
 Address _____ Zip _____

Name of Employer _____ Work Phone () _____

Pager or Cell # () _____ Business Address _____

Work Hours _____

Email _____

Parents are: Married ___ Divorced ___ Separated ___ Widowed ___ Single ___

Parent/Guardian with Legal Custody _____

Other Household Members:

Name _____ Age _____ Relationship _____
 Name _____ Age _____ Relationship _____

INFORMATION ABOUT YOUR CHILD:

Anticipated Drop-off Time: _____ **Pick-up Time:** _____

Does your child have any known allergies? No _____ Yes _____

Explain: _____

Please give any information concerning your child which will be helpful in his experience in group setting (such as play patterns, eating and sleeping habits, special fears, special likes or dislikes): _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone () _____

Address _____

Name of child's dentist _____ Office Phone () _____

Address _____

Hospital preference _____ Phone () _____

If neither parent/guardian can be contacted, call:

Name _____ Relation _____ Home Ph. _____ Office Ph. _____

Name _____ Relation _____ Home Ph. _____ Office Ph. _____

If you cannot come for your child, please give the names and phone numbers of persons to whom the child can be released: _____

I, the parent/guardian, agree that the director may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent/Guardian

Date

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

Signature of Director

Date

King's Keep Children's Medical Report

Name of Child _____ Birth date _____

Name of Parent/Guardian _____

Address of Parent/Guardian _____

A. Medical History

- I. Is your child allergic to anything? No__Yes__ ; If yes, what? _____

- II. Is your child currently under a doctor's care? No__Yes__ ; If yes, for what reason? _____

- III. Is your child on any continuous medication? No__Yes__ ; If yes, what? _____

- IV. Has your child had any previous hospitalizations or operations? No__Yes__ ; If yes, when and for what? _____

- V. Does your child have any history of significant previous diseases or recurrent illness? No__Yes__ ; diabetes? No__Yes__ ; convulsions? No__Yes__ ; heart trouble? No__Yes__ ; If others, what/when? _____

- VI. Does your child have any physical disabilities? No__Yes__ ; If yes, please describe: _____

- VII. Does your child have any mental disabilities? No__Yes__ ; If yes, please describe: _____

- VIII. Please give any information concerning your child which will be helpful in his/her experience in a group setting (i.e. eating and sleeping habits, special fears, special likes or dislikes): _____

The following sections must be completed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners, a certified nurse practitioner, or a public health nurse.

B. Physical Examination: Exam date should be within six (6) months prior to registration.

Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____

Teeth _____ Throat _____ Neck _____ Heart _____

Chest _____ Abd/GU _____ Ext _____ Skin _____

Neurological System _____

Results of Tuberculin Test, if given: Type _____ Date _____ Normal _____ Abnormal _____

Should activities be limited? No__Yes__ ; If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

C. Immunization History

Enter date of each dose – Month/Day/Year

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

*Required by State law.

**Required by State law for children born on or after 10/1/88.

***Required by State law for children born on or after 7/1/94.

****Required by State law for children born on or after 4/1/01.

Signature of Authorized Examiner _____

Title _____ Phone # _____

King's Keep Child Discipline Policy

Praise and positive reinforcement are effective methods for the behavior management of children. When children experience positive, non-violent and understanding interactions with adults and others, they develop good self-concepts, problem-solving abilities and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

<p>We DO:</p> <ol style="list-style-type: none"> 1. Praise, reward and encourage the children. 2. Set reasonable 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 to inappropriate behavior. 7. Provide the children with natural and logical consequences for their behaviors. 8. Treat the children as people and respect their needs, desires, and feelings. 9. Explain things to the children on their levels. 10. Use supervised periods of "time-out". 11. Involve parents in the solution for continual behavior issues. 12. Stay consistent in our behavior management program. 	<p>We DO NOT:</p> <ol style="list-style-type: none"> 1. Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children. 2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse the children. 3. Shame or punish the children when bathroom accidents occur. 4. Deny food or rest as punishment. 5. Relate discipline to eating, resting or sleeping. 6. Leave the children alone, unattended or without supervision. 7. Place the children in locked environments as punishment. 8. Allow children to discipline each other. 9. Discipline an entire group for the actions of one. 10. Criticize, make fun of or otherwise belittle children's parents, families or ethnic groups.
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I, the undersigned parent or guardian of _____ (*child's full name*), do hereby state that I have read and received a copy of the facility's Child Discipline Policy and that the facility's director (or other designated staff member) has discussed the facility's Child Discipline Policy with me.

Date of Child's Enrollment

Signature of Parent or Guardian

Date Signed

King's Keep Travel and Activity Authorization

I, _____, parent/guardian of
Name of Parent/Guardian

_____, give my permission to
Name of Child

The King's Keep Learning Center to transport my child to and from the following activities in the van/bus (center or parent-owned):

(Explain planned activity – where and when)

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

Parent/Guardian Signature

Date Signed

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

(Please initial beside the appropriate statement.)

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

_____ I will allow my child to play outside the fenced area; OR

_____ I will *not* allow my child to play outside the fenced area.

Parent/Guardian Signature

Date Signed

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

Parent Handbook Agreement Statement

I, as the parent or guardian of the student named below, have read and understand the policies set forth in the Parent Handbook. I do accept the responsibilities, as a partner with The King's Keep Learning Center, to encourage and enhance the development of my child. I also understand that any changes in the Handbook will be given to me in writing prior to their effect.

In addition, I acknowledge that I have received a copy of the North Carolina Child Care Law and Rules pamphlet.

Student's Name _____

Parent's Signature _____ Date Signed _____

Director's Signature _____