

SHARON ACADEMY

Where learning is **FUN**damental

APPLICATION FOR CHILD CARE

To be completed and placed on file prior to enrollment

Application Date _____

Date of Enrollment _____

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____
Where Employed _____ Business Phone _____
Father's Email _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____
Where Employed _____ Business Phone _____
Mother's Email _____ Cell Phone _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No ___ Yes ___ Explain: _____

Does your child have any chronic illnesses/conditions: No ___ Yes ___ Explain: _____

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

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____
Address _____
Hospital preference _____ Phone _____

If neither father nor mother (or guardian) can be contacted, call the following (please list relationship)

Name _____ Home Phone _____ Cell Phone _____
Name _____ Home Phone _____ Cell Phone _____

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

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

(Signature of Parent)

(Date)

I, as the operator of Sharon Academy, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

(Signature of Operator)

(Date)

SHARON ACADEMY

Where learning is FUNdamental

All About Me

Our goal is to make your child's transition into our program as smooth as possible. The following form provides your child's teachers with some general information to get to know your child before he/she starts. Please complete this form and return it with your registration form.

All about: _____ **Date of Birth:** _____

Parent(s)/Guardian(s) names: _____

Other family members living at home, names and ages : _____

THINGS MY CHILD DOES WELL

Current accomplishments and milestones:

WHAT MY CHILD LIKES AND DISLIKES

Favorite foods, toys, activities, interests:

Things my child does not like:

THINGS I AM WORKING ON WITH MY CHILD

Current goals, challenges, frustrations (toilet training, eating, routines etc...)

MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES

SHARON ACADEMY

Where learning is **FUN**damental

All About Me - page 2

MY CHILD HAS DIFFICULTY WITH THESE THINGS...

WHAT SPECIAL ADAPTATIONS ARE NEEDED TO SUPPORT MY CHILD

Does your child utilize a wheel chair, daily medication, adaptive devices, other?

THINGS MY CHILD MIGHT NEED HELP WITH...

Your expectations of the program and teachers:

Recent family changes or stressors, fears and/or anxieties:

HOME ENVIRONMENT

What languages other than English are spoken at home?

Who lives in your home? (mom, dad, siblings, grandparent, dog etc...)

PREVIOUS CHILD CARE EXPERIENCE

Has your child been in child care before?

What is your reason for changing programs?

How does your child feel about coming to a new program?

OTHER INFORMATION WOULD YOU LIKE US TO KNOW

Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____

3. Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___; diabetes No ___ Yes ___;
convulsions No ___ Yes ___; heart trouble No ___ Yes ___; asthma No ___ Yes ___.
If others, what/when? _____

6. Does the child have any physical disabilities? No ___ Yes ___ If yes, please describe: _____

Any mental disabilities? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height _____ % Weight _____ % Vision _____ Hearing _____

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal ___ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

Where learning is FUNdamental

Name: _____ **Date of Birth:** _____

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

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, however the requirement for the booster dose, #4, is temporarily suspended.**

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

[illegible]

SHARON ACADEMY

Where learning is FUNdamental

Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided for staff to apply over-the-counter topical ointments, topical teething ointment or gel, sunscreen, insect repellents, lotions, creams and powders, such as diapering creams, baby lotion and baby powder. Item must be provided in its original container and be clearly labeled with the child's name. Staff will keep items out of the reach of children when not in use.

Child's Name: _____

From: ____ / ____ / ____ To: ____ / ____ / ____ Permission may be given for up to 12 months

Name of Ointment: _____ (or any brand provided by the Parent or School) Amount: _____

Apply to:

- ☐ All exposed skin ☐ Diaper area
☐ Face only ☐ Other (specify) _____

When:

- ☐ Before going outside in the afternoon ☐ After a bowel movement
☐ After each diaper change ☐ Other (specify) _____
We cannot accept "as needed"

Name of Ointment: _____ (or any brand provided by the Parent or School) Amount: _____

Apply to:

- ☐ All exposed skin ☐ Diaper area
☐ Face only ☐ Other (specify) _____

When:

- ☐ Before going outside in the afternoon ☐ After a bowel movement
☐ After each diaper change ☐ Other (specify) _____
We cannot accept "as needed"

Name of Ointment: _____ (or any brand provided by the Parent or School) Amount: _____

Apply to:

- ☐ All exposed skin ☐ Diaper area
☐ Face only ☐ Other (specify) _____

When:

- ☐ Before going outside in the afternoon ☐ After a bowel movement
☐ After each diaper change ☐ Other (specify) _____
We cannot accept "as needed"

Name of Ointment: _____ (or any brand provided by the Parent or School) Amount: _____

Apply to:

- ☐ All exposed skin ☐ Diaper area
☐ Face only ☐ Other (specify) _____

When:

- ☐ Before going outside in the afternoon ☐ After a bowel movement
☐ After each diaper change ☐ Other (specify) _____
We cannot accept "as needed"

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Signature _____ Date _____



Discipline and Behavior Management Policy

Date Policy Adopted: January 2014

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

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives to the children for inappropriate behavior.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by other children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

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 Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____ date _____

Distribution: One copy to parent(s) and one signed copy in child's facility record.



Off-Premise Activity Authorization

Off-premise activities refer to any activity which takes place away from a licensed and approved space. Licensed and approved spaces include primary space, outdoor space, single use rooms, or other administrative areas that have been approved for use.

I, the undersigned parent or guardian of _____
(child's full name) do give my permission to Sharon Academy for my child to participate in off-premise activities.

Location of off-premise activity: Walk, Stroller Ride, Fire Drill, Extra Curricular Activities

Purpose of Activity: Educational Activities and Monthly Safety Drills

Additional Information: _____

Signature of Parent or Guardian: _____

Date Signed: _____

This authorization is valid from ____/____/____ to ____/____/____
(up to 12 months)

Summary of the North Carolina Child Care Law for Child Care Centers

What Is Child Care?

The law defines child care as:

- three or more unrelated children under 13 years of age
- receiving care from a non-relative
- on a regular basis, of at least once a week
- for more than four hours per day but less than 24 hours.

It is only when all of these conditions exist that regulation is required. The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110. The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

Star Rated Licenses

Centers that meet the minimum licensing requirements will receive a one star license. Programs that choose to voluntarily meet higher standards can apply for a two through five star rated license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program.

Child Care Centers

Licensing as a center is required when six or more children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose not to be licensed. Programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Child Abuse or Neglect

Abuse occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. Abuse may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. Neglect occurs when a child does not receive proper care, supervision, or discipline, or when a child is abandoned.

North Carolina law requires any person who suspects child abuse or neglect to report the case to the county department of social services. In addition, any person can call the Division of Child Development and Early Education at **919-662-4499** or **1-800-859-0829** and make a report of suspected child abuse or neglect in a child care operation. Reports can be made anonymously. A person cannot be held liable for a report made in good faith.

Parental Rights

- Parents have the right to enter a center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a child care center when there has been a complaint. Child care providers who violate the law or rules may be fined up to \$1,000 and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements here, or if you have questions, please call the Division of Child Development and Early Education at **919-662-4499** or **1-800-859-0829**.

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every licensed center. These files can be viewed during work hours or requested via the Division's web site at www.ncchildcare.net; or, requested by contacting the Division at **1-800-859-0829**.

Licensed centers must, at a minimum, meet requirements in the following areas.

Staff

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours annually including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. All staff must also undergo a criminal records background check initially, and every three years thereafter. As of December 2007, criminal records rechecks will be done every three years.

Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom.

Age	Teacher : Child Ratio	Maximum Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School age	1:25	25

When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.

Space and Equipment

To meet licensing requirements, there must be at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well-maintained, and age-appropriate. Outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

Records

Centers must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills practiced with safe evacuation of children must also be maintained.

Curriculum

The Division of Child Development and Early Education does not promote or require any specific curriculum over another. Child care programs choose the type of curriculum appropriate for the ages of the children enrolled. Activity plans must be available to parents and must show a balance of active and quiet activities. Rooms must be arranged to encourage children to explore and use materials on their own.

Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed programs to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) and must have space and time provided for rest.

Transportation

Child care centers providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratio must be maintained.

Discipline

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers. Religious-sponsored programs which notify the Division of Child Development and Early that corporal punishment is part of their religious training are exempt from that part of the law.

The law and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care.

For more information about quality child care, parents can visit the Resources in Child Care website at www.ncchildcare.net. For more information on the law and rules, contact the Division of Child Development and Early Education at **919-662-4499** or **1-800-859-0829**; or visit our homepage at www.ncchildcare.net.

This summary shall be posted for the public to view in accordance with GS 110-102



Division of Child Development and Early Education
NC Department of Health and Human Services
319 Chapanoke Road
Raleigh, NC 27603

Revised November 2011



Summary of the North Carolina Child Care Law for
Child Care Centers - Acknowledgement

The North Carolina Division of Child Development and Early Education has developed a Summary of the North Carolina Child Care Law for Child Care Centers brochure that is to be provided to all parents with children enrolled in a Child Care Center in the State of North Carolina.

I, the undersigned parent or guardian of _____
(child's full name) acknowledge receipt of a copy of the Summary of the North Carolina Child Care Law for Child Care Centers brochure.

Signature of Parent or Guardian: _____

Date Signed: _____

SHARON ACADEMY

Where learning is FUNdamental

Photo and Social Media Permission Form

There are many times during the day at Sharon Academy when we will want to capture that special moment as your child is participating in activities and programs. We may do this through the use of pictures or videography and these images could be used in the following ways:

- In your child's developmental portfolio
- In the lobby slide show on our monitors
- On our website www.Sharon-Academy.com
- On our social media pages

We would like the opportunity to include the images of your child while he or she is engaged in fun activities. It is the policy of Sharon Academy to NOT include the name, address, or any other identifying information of any child, or to publish the names of children. We will respect your wishes regarding possible inclusion of you and your child's picture. Please check your preference below, then sign and date the form before returning it.

Parent or guardian of _____

Signature of Parent or Guardian: _____

Date Signed: _____

My photo and social media preferences are:

- ☐ I DO grant permission for my child's photo to appear on the Sharon Academy website.
- ☐ I DO grant permission for my child's photo to appear on the Sharon Academy Facebook page.
- ☐ I DO grant permission for my child's photo to appear for internal use only.
- ☐ I DO NOT grant permission for Sharon Academy to utilize my child's photo.

SHARON ACADEMY

Where learning is FUNdamental

Infant Feeding Schedule

Child's Name: _____ Date: _____

Birth Date: _____

Instructions

1. Food/Bottles Brought Daily (quantity):

2. Instructions for Feeding:

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

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

3. I plan to nurse: (approximate time)

Parent Signature

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

Food:	Date to Introduce:	New Instructions:	Parent or Staff Signature:
Milk	_____	_____	_____
Baby Food	_____	_____	_____
Cereal	_____	_____	_____
Table Food	_____	_____	_____

SHARON ACADEMY

Where learning is **FUN**damental

Infant/Toddler Safe Sleep Policy (Revised)

Date Adopted: January 2014

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

Safe Sleep Practices

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

Safe Sleep Environment

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

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Infant/Toddler Safe Sleep Policy and that the facility's director/ owner/operator (or other designated staff member) has discussed the facility's Infant/Toddler Safe Sleep Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Child Care Provider: _____ Date: _____

Distribution: one signed copy to parent(s)/guardian(s); signed copy in child's facility record.