

# SHARON ACADEMY

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## Application for Enrollment

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

Date of Enrollment: \_\_\_\_\_

*To be completed, signed and placed on file in the facility on the first day and updated as changes occur and at least annually.*

**Child Information:**

Name of Child: \_\_\_\_\_

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

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

Zip Code: \_\_\_\_\_

**Family Information:**

Father/Guardian's Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

**Emergency Information:**

*Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs the application. In the event of an emergency, if the parents/ guardians cannot be reached, the facility has the permission to contact the following individuals.*

Name	Relationship	Address	Contact Number

**Health Care Needs:**

*For any child with health care needs such as allergies, asthma or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical plan must be completed by the child's parent and/or health care professional. Is there a medical action plan attached? Circle one: YES NO*

List any allergies and the symptoms and type of response required: \_\_\_\_\_

List any health care needs or concerns, symptoms and type of response required: \_\_\_\_\_

List any particular fears or unique behavior characteristics the child has: \_\_\_\_\_

List any medication taken for health care needs: \_\_\_\_\_

Does your child have up to date immunizations? : \_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your child: \_\_\_\_\_

**Emergency Medical Care Information:**

Name of health care professional: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

I, as the parent/ guardian, authorize the center or obtain medical attention for my child in an emergency.

Signature of Parent/ Guardian: \_\_\_\_\_

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

I, as the operator, do 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.

Signature of Administrator: \_\_\_\_\_

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

# Children's 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 \_\_\_\_\_ %

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_

Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_

Neurological System \_\_\_\_\_ Skin \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

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 # \_\_\_\_\_

## Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance. Child may not attend the facility until submitted.

Child's full name:	Date of birth:
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Enter each date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV, OPV	I POL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib	Act HIB, Pedvax HIB **	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	Proquad					
Varicella/Chicken Pox	Var	Varivax	Proquad					
Pneumococcal Conjugate*	PCV, PCV-13, PPV-23	Prenvar, Pneumovax***						

\*Required by state law for children born on or after 7/1/2015.

\*\*3 shots of Pedvax Hib are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

\*\*\*Pneumovax is a different vaccine than Prenvar and may be seen in high risk children.

**Note:** Children beyond their 5<sup>th</sup> birthday are not required to receive Hib or PCV vaccines.

**Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.**

Record updated by:	Date	Record updated by:	Date

### Minimum State Vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months	1 DTaP	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTaP	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12-16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years and older (in kindergarten)	5 DTaP	4 Polio	2 MMR	3-4 Hib**	3 Hep B	4 PCV	2 Var



# Infant Feeding Plan

As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us to do our very best to help your baby grow and thrive. **Page two of this form must be completed and posted for quick reference for all children under 15 months of age.**

Child's name: \_\_\_\_\_

Birthday: \_\_\_\_\_  
mm / dd / yyyy

Parent/Guardian's name(s): \_\_\_\_\_

Did you receive a copy of our "Infant Feeding Guide?" Yes No

If you are breastfeeding, did you receive a copy of:  
"Breastfeeding: Making It Work?" Yes No

"Breastfeeding and Child Care: What Moms Can Do?" Yes No

## TO BE COMPLETED BY PARENT

At home, my baby drinks (check all that apply):

- Mother's milk from (circle)  
Mother    bottle    cup    other
- Formula from (circle)  
bottle    cup    other
- Cow's milk from (circle)  
bottle    cup    other
- Other: \_\_\_\_\_ from (circle)  
bottle    cup    other

How does your child show you that s/he is hungry?

How often does your child usually feed?

How much milk/formula does your child usually drink in one feeding?

Has your child started eating solid foods?

If so, what foods is s/he eating?

How often does s/he eat solid food, and how much?

## TO BE COMPLETED BY TEACHER

Clarifications/Additional Details:

At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule? Yes No

### If NO,

- I made sure that parents have a copy of the "Infant Feeding Guide" or "Breastfeeding: Making it Work"
- I showed parents the section on reading baby's cues

Is baby receiving solid food? Yes No

Is baby under 6 months of age? Yes No

### If YES to both,

- I have asked: Did the child's health care provider recommend starting solids before six months?

Yes No

### If NO,

- I have shared the recommendation that solids are started at about six months.

Handouts shared with parents:



Child's name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
m m / d d / y y y

Tell us about your baby's feedings at our center.  
 I want my child to be fed the following foods while in your care:

	Frequency of feedings	Approximate amount per feeding	Will you bring from home? (must be labeled and dated)	Details about feeding
Mother's Milk				
Formula				
Cow's milk				
Cereal				
Baby Food				
Table Food				
Other (describe)				

I plan to come to the center to nurse / feed my baby at the following time(s): \_\_\_\_\_

My usual pick-up time will be: \_\_\_\_\_

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):

- hold my baby       use the teething toy I provided       use the pacifier I provided  
 rock my baby       give a bottle of milk       other Specify: \_\_\_\_\_

I would like you to take this action \_\_\_\_\_ minutes before my arrival time.

At the end of the day, please do the following (choose one):

- Return all thawed and frozen milk / formula to me.       Discard all thawed and frozen milk / formula.

**We have discussed the above plan, and made any needed changes or clarifications.**

Today's date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Parent Signature \_\_\_\_\_

**Any changes must be noted below and initialed by both the teacher and the parent.**

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent Initials	Teacher Initials



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<http://breastfeeding.unc.edu/>

*In Collaboration With:*  
 NC Department of Health and Human Services  
 NC Child Care Health and Safety Resource Center  
 NC Infant Toddler Enhancement Project

# Infant/Toddler Safe Sleep Policy (Revised)



Child Care Facility: Sharon Academy

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 infant died, and a review of the infant's medical history.

We believe that a safe sleep environment for infants helps lower the chances of an infant dying from SIDS, and that parents and child care providers can work together to provide a safe sleep environment. According to N.C. Law G.S. 100-91 (15), child care providers caring for infants 12 months of age or younger, are required to implement a safe sleep policy, share the safe sleep policy with parents/guardians, and participate in Infant-Toddler Safe Sleep and SIDS Risk Reduction in Child Care training. Sharon Academy implement the following safe sleep practices.

## Safe Sleep Practices

1. All child care staff caring for infants and child care staff that may potentially care for infants will receive training on how to implement our infant Safe Sleep Policy.
2. Infants will always be placed on their **backs to sleep**, unless there is a signed *Alternate Sleep Position Waiver*- Health Care Professional Recommendation in the infant's file. A waiver notice will be posted at the infant's crib. This facility does not accept *Alternate Sleep Position Waiver – Parent Request*. Waivers will be retained in the children's record as long as they are enrolled.
3. When babies can easily turn over from the back to the stomach, they will be placed to sleep on their backs and then allowed to adopt the sleep position they prefer. This is in accordance with the American Academy of Pediatrics (AAP) recommendations. Child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
4. Sleeping infants will be visually checked daily, at least every 15 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 the infant for:
  - Normal skin color
  - Normal breathing by watching the rise and fall of the chest
  - His or her level of sleep
  - Signs of overheating: flushed skin color, increase in body temperature (touch the skin), and restlessness
5. Staff will reduce the risk of overheating by not over-dressing or over-wrapping the infants.
6. All parents/guardians of infants cared for in the facility will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment, will review the policy with staff, and sign a statement saying they received and reviewed the policy.
7. The temperature in the room where the infant(s) sleep will be kept between 68-75°F and monitored by the thermometer kept in the infant sleeping room.
8. To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.
9. Infants may begin to transition to cots between 10-11 months. Children under the age of 12 months transitioning to cots will be placed on their back to sleep.

## Safe Sleep Environment

9. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. We may use a sleep sack instead of a blanket. We do not swaddle children at any point during the day.
10. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.
11. Toys and stuffed animals will be removed from the crib when the infant is sleeping.
12. Pacifiers will be allowed in infants' cribs while they sleep. When the pacifier falls out of the sleeping infant's mouth, it will not be reinserted into the infant's mouth. The pacifier is the only object we will allow in a crib. Nothing may be attached to pacifiers.
13. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
14. Each infant will sleep have his or her own crib. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency.
15. No smoking is permitted in the infant room or on the premises.

**Distribution:** Parents and staff will review the policy and be informed of changes 14 days before the effective date. One copy signed by parent(s)/guardian(s) will be given to parent(s)/guardian(s) and one copy will be kept in child's facility record.

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: \_\_\_\_\_ Adopted 10/2018



## PARENT HANDBOOK RECEIPT

### RECEIPT FOR PARENT HANDBOOK

I acknowledge that I have received and that I agree to read thoroughly Sharon Academy's Parent Handbook. I agree that if there is any policy or provision in the Parent Handbook that I do not understand, I will seek clarification from the Director.

In addition, I understand that the Parent Handbook states Sharon Academy's policies and procedures in effect on the date of publication. I understand that nothing contained in the Personnel Handbook may be construed as creating a promise of future benefits or a binding contract with Sharon Academy for benefits or for any other purpose.

I also understand that these policies and procedures are continually evaluated and may be amended, modified or terminated at any time.

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Name *(Please Print)*

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Signature

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Date

### Space and Equipment

There are space requirements for indoor and outdoor environments that must be measured prior to licensure. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Indoor and outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

**Licensed centers must also meet requirements in the following areas:**

### Staff Requirements

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, including IT'S-SIDS training for any caregiver that works with infants 12 months of age or younger. All staff who work directly with children must have CPR and First Aid training, and at least one person who completed the training must be present at all times when children are in care. One staff must complete the Emergency Preparedness and Response (EPR) in Child Care training and create the EPR plan. All staff must also undergo a criminal background check initially, and every three years thereafter.

### Staff/Child 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	Max Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 to 3 years	1:10	20
3 to 4 years old	1:15	25
4 to 5 years old	1:20	25
5 years and older	1:25	25

### Additional Staff/Child Ratio Information:

*Centers located in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.*

### Reviewing Facility Information

From the Division's Child care Facility Search Site, the facility and visit documentation can be viewed.

A public file is maintained in the Division's main office in Raleigh for every licensed center or family child care home. These files can be viewed during business hours (8 a.m. - 5 p.m.) by contacting the Division at 919-814-6300 or 1-800-859-0829 or requested via the Division's web site at [www.ncchildcare.ncdhs.gov](http://www.ncchildcare.ncdhs.gov).

### How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and/or may have their licenses suspended or revoked.

Administrative actions must be posted in the facility. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Child Development  
and Early Education

# Summary of the North Carolina Child Care Law and Rules (Center and FCCH)

Division of Child Development  
and Early Education

North Carolina Department of  
Health and Human Services  
333 Six Forks Road  
Raleigh, NC 27609

Child Care Commission  
<https://ncchildcare.ncdhs.gov/Home/Child-Care-Commission>

Revised June 2019

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.



### What is Child Care?

The law defines child care as:

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

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 health, safety, and 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.

### Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, including their own preschool children, and can include three additional school-age children. The provider's own school-age children are not counted. Family child care home operators must be 21 years old and have a high school education or its equivalent. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home providers who meet the following requirements:

### Child Care Centers

Licensure as a center is required when six or more preschool 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 to meet the standards of the Notice of Compliance rather than the Star Rated License. Recreational 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.

### Parental Rights

- Parents have the right to enter a family child care home or 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.

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Local Child Care Resource and Referral agencies can provide help in choosing quality care. Check the telephone

directory or talk with a child care provider to see if there is a Child Care Resource and Referral agency in your community. For more information, visit the Resources page located on the Child Care website at: [www.ncchildcare.ncdhhs.gov](http://www.ncchildcare.ncdhhs.gov). For more information on the law and rules, contact the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829 (In State Only), or visit our homepage at: [ncchildcare.ncdhhs.gov](http://ncchildcare.ncdhhs.gov).

### Child Abuse, Neglect, or Maltreatment

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It 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. It also occurs when a child does not receive proper care, supervision, appropriate discipline, or when a child is abandoned. **North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829.** Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. **North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.**

### Transportation

Child care centers or family child care homes 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 ratios must be maintained.

### Record Requirements

Centers and homes must keep accurate records such as children's, staff, and program. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care. Prevention of shaken baby syndrome and abusive head trauma policy must be developed and shared with parents of children up to five years of age.

### Discipline and Behavior Management

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 the 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 and family child care homes. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

### Training Requirements

Center and family child care home staff must have current CPR and First Aid certification, IT'S-SIDS training (if caring for infants, 0 to 12 months), prior to caring for children and every three years thereafter. Emergency Preparedness and Response (EPR) in Child Care training is required and each facility must create an EPR plan. Center and home staff must also complete a minimum number of health and safety training as well as annual ongoing training hours.

### Curriculum and Activities

Four- and five-star programs must use an approved curriculum in classrooms serving four-year-olds. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans and schedule must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. A written activity plan that includes activities intended to stimulate the development domains, in accordance with North Carolina Foundations for Early Learning and Development. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

### Health and Safety

Children must be immunized on schedule. Each licensed family child care home and center must ensure the health and safety of children by sanitizing areas and equipment used by children. For Centers and FCHs, meals and snacks must be nutritious and meet the Meal Patterns for Children in Child Care. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. Children must have space and time provided for rest.

### Two through Five Star Rated License

Centers and family child care homes that are meeting 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 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, and one quality point option.

### Criminal Background Checks

Criminal background qualification is a **pre-service requirement**. All staff must undergo a criminal background check initially, and every three years thereafter. This requirement includes household members who are over the age of 15 in family child care homes.

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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: \_\_\_\_\_

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## 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.

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## 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)



## Photo, Video 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 classroom on a display wall, bulletin board or newsletter.
- In the hallways or lobby
- On our website [www.Sharon-Academy.com](http://www.Sharon-Academy.com)
- On our Facebook page
- Local Media
- Marketing Material

We would like the opportunity to include the image of your child while he or she is engaged in 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 your child's picture. Please check your preference below then sign and date the form before returning.

Parent or guardian of: \_\_\_\_\_

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

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

\_\_\_\_\_ I DO grant permission for my child's photo to appear on the Sharon Academy website.

\_\_\_\_\_ I DO grant permission for a video of my child 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 a video of my child to appear on the Sharon Academy Facebook page.

\_\_\_\_\_ I DO grant permission for my child's photo to appear for internal use only. This includes newsletters, bulletin boards and displays in the classrooms.

\_\_\_\_\_ I DO grant permission for my child's photo or video to appear on local TV (i.e. the news)

\_\_\_\_\_ I DO NOT grant permission for Sharon Academy to utilize my child's photo or video.

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### Belief Statement

We, at Sharon Academy, believe 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<sup>1</sup>. 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<sup>2</sup>.

### 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, staff will<sup>3</sup>:
  - 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<sup>4</sup>.

#### 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. Phone number: (704) 336-3000

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

Staff 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, staff 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.
- Other \_\_\_\_\_
- Other \_\_\_\_\_

#### In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children<sup>6</sup>.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other \_\_\_\_\_



## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### 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 understand 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, [nccildcare.nc.gov/PDF\\_forms/NC\\_Foundations.pdf](http://nccildcare.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)
- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, [www.acf.hhs.gov/sites/default/files/opre/nitr\\_inquire\\_may\\_2016\\_070616\\_b508compliant.pdf](http://www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf)

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 review and discuss:

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

### Resources

List resources such as a staff person designated to provide support or a local county/community resource:

Mecklenburg County Health Department : [www.mecknc.gov/HealthDepartment](http://www.mecknc.gov/HealthDepartment)

### 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/>
- Other \_\_\_\_\_

### Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+>
- 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)
- Early Development & Well-Being, Zero to Three, [www.zerotothree.org/early-development](http://www.zerotothree.org/early-development)
- Other \_\_\_\_\_



# Prevention of Shaken Baby Syndrome and Abusive Head Trauma

## References

1. The National Center on Shaken Baby Syndrome, [www.dontshake.org](http://www.dontshake.org)
2. NC DCDEE, [ncchildcare.dhhs.state.nc.us/general/mb\\_ccrulespublic.asp](http://ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp)
3. Shaken baby syndrome, the Mayo Clinic, [www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461](http://www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461)
4. Pediatric First Aid/CPR/AED, American Red Cross, [www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4240175\\_Pediatric\\_ready\\_reference.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf)
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, [www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques](http://www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques)
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfoc.nrckids.org/StandardView/1.7.0.5>

## Application

This policy applies to children up to five years of age and their families, operators, early educators, substitute providers, and uncompensated providers.

## Communication

### Staff\*

- Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment
- The child care facility shall keep the SBS/AHT staff acknowledgement form in the staff member's file.

### Parents/Guardians

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgment
- The child care facility shall keep the SBS/AHT parent acknowledgement form in the child's file.

\* For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

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Effective Date



# Prevention of Shaken Baby Syndrome and Abusive Head Trauma

## Parent or guardian acknowledgement form

I, the parent or guardian of \_\_\_\_\_  
Child's name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

\_\_\_\_\_  
Date policy given/explained to parent/guardian

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

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



# SHARON ACADEMY

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## Enrollment Agreement

This Enrollment Agreement, effective the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, is between Sharon Academy, LLC (“School”), located at 5301 Sharon Road, Charlotte, NC 28210 and \_\_\_\_\_ (“Parents”) of \_\_\_\_\_ (Child’s Name).

1. The School’s non-refundable enrollment fee of \$150.00 shall be paid at the time of initial application. This fee is not to be credited towards tuition or child care payments.
2. The School Enrollment Agreement period is for a one year commitment from the Parents for the school year from September 1<sup>st</sup> through August 31<sup>st</sup> the following year, with automatic renewal each August 1<sup>st</sup> until such time as the child moves on to Kindergarten or the School is notified the child is leaving the Sharon Academy program (per paragraph 3 below).
3. The School offers both monthly and weekly tuition options. Monthly tuition is due on or before the 1<sup>st</sup> of each month. A \$30.00 late fee shall be charged for any monthly tuition payments received after the 1<sup>st</sup> of the month. If the 1<sup>st</sup> of the month falls on Saturday or Sunday, the tuition is due the Friday before. Weekly tuition is due on or before the Friday preceding the week of attendance. A \$15.00 late fee shall be charged for any weekly tuition payments received after the preceding Friday of attendance. Children may not be in attendance while there is an outstanding balance. If monthly tuition fees (including any applicable late fees) are not received at the School by the 7<sup>th</sup> of the month or if the weekly tuition fees are not received by the end of the current attendance week, the child will not be readmitted to the program. A \$35.00 fee will be charged for any check or automatic check draft that cannot be paid for any reason. If the School is compelled to take legal action to collect unpaid tuition, Parents agree to pay the School’s reasonable attorneys’ fees and costs incurred. Credit card and debit card payments will be charged an additional processing fee equal to the current average processing fee being paid by the School. The current rates being charged are available from the Director. Withdrawal from the School requires a 30 day advance written notice prior to being released from the monthly obligation for your child’s tuition.
4. Any second or third child in the same family will receive a 5% discount on the lower of the tuitions.
5. Tuition fees are non-refundable regardless of holidays, illness, termination of enrollment, inclement weather days, “Acts of God,” closure for the health and safety of the children enrolled in the School or for any reason determined appropriate based upon the sole discretion of the School. The School will make reasonable efforts to open in inclement weather, however, the School may choose to close in order to ensure the safety of both our staff and families. Parents should look for school closings

on local television stations. Closings will also be sent via email and posted on the school Facebook page.

6. Holidays are special and celebrated at Sharon Academy. The School will be closed for the following holidays each year:
  - New Year's Day
  - Martin Luther King Day
  - President's Day (Professional Development Day)
  - Good Friday
  - Memorial Day
  - Independence Day
  - Labor Day
  - Beginning of School Year Professional Development Day
  - Thanksgiving Holidays (Thursday/Friday)
  - Christmas Holidays (Christmas Day plus two days - three days total, dates vary)
  
7. The School will be open from 7:00 a.m. until 6:30 p.m., Monday through Friday. Our teachers have families too, so parents will need to pick up their children on time or be charged a late pick-up fee of \$25.00 for any portion of the first 15 minutes and then an additional \$5.00 for every five minute period thereafter. Late pick-up fees are due immediately. Parents who are habitually late picking up their child will be notified that this is cause for dismissal from the School.

Families who are placed on the Sharon Academy Waiting List, will be notified of their child's acceptance into the program as positions become available. (See Waiting List Policy for more details.) Parents choosing to reserve an enrollment position prior to the actual start date of their child's enrollment will be required to pay the monthly enrollment tuition in order to maintain their child's placement. Due to changes that occur with enrollment/transitions, your child's offered start date could change to an earlier date. If this would occur, you will be given the option to accept the earlier date (up to 4 weeks) or decline the spot. Please note that if you decline to enroll, you will be moved to the bottom of the waitlist.

8. The School reserves the right to deny, cancel, sever or suspend a child's enrollment at any time if the School, in its sole discretion, deems such action to be in the best interest of the child or the School. In such an event, all unused tuitions will be reimbursed.
  
9. Children who are not feeling well should not be in school. If your child becomes ill while attending school, you will be notified to pick up your child within the hour. Children with a fever of over 100.4 degrees must be fever free for over 24 hours (without fever suppressants) before returning. Children who exhibit symptoms of any contagious disease may be required to have a medical release prior to being readmitted to the School program.
  
10. Sharon Academy has the best teachers and staff. We welcome your support in maintaining our quality staff by not making any offer of employment to any current employee of the School or for a period

of at least six months after they leave employment. If the parents wish to hire a current or former employee, the School shall be compensated with a placement fee of \$4,000 at time of hiring.

- 11. Parents agree to not engage the staff of the School for any outside child care services or babysitting services apart from the School's program without previous notification and consent by the School for such services. Parents accept full responsibility for any School staff retained independent of the services provided by the School and will hereby and forever release and hold the School harmless for any claims, demands, actions and all liabilities that may incur while the staff is hired by the Parents.

The undersigned Parents have received an executed copy of this Enrollment Agreement. Parents further acknowledge that this Enrollment Agreement is by and between Parents and Sharon Academy, LLC. The undersigned Parents understand the terms of this Enrollment Agreement and agree to be bound by them.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sharon Academy, LLC

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Registration Fee Amount Paid _____	Date _____
Desired Enrollment Date _____	Program Desired _____
Current Monthly Tuition _____	Copy provided to Parent as a receipt _____



# SHARON ACADEMY

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## 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

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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



## 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, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

Child's Name: \_\_\_\_\_

Name of Ointment: \_\_\_\_\_ Amount: \_\_\_\_\_

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

Apply to:

- all exposed skin
- face only
- diaper area
- other (specify) \_\_\_\_\_

When:

- before going outside in the afternoon
  - after each diaper change
  - after a bowel movement
  - 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

## 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, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

Child's Name: \_\_\_\_\_

Name of Ointment: \_\_\_\_\_ Amount: \_\_\_\_\_

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

Apply to:

- all exposed skin
- face only
- diaper area
- other (specify) \_\_\_\_\_

When:

- before going outside in the afternoon
  - after each diaper change
  - after a bowel movement
  - 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

Welcome to preschool2me! preschool2me's software, mobile applications or web sites ("preschool2me services") contains personal and private information about pre-school owners, parents, teachers and children. Below listed terms and conditions are applicable to end users (pre-school administrators, owners, teachers, parents and legal guardians, herein referred to as "you", "your", "Customer") who choose to access daycare2me Inc's (herein referred to as "we", "us", "our", "Company") website, mobile application and support (collectively termed as "software services"). We may update these points in future, and you will be able to find the most current version of this document at <http://www.preschool2me.com/users/privacy.html>.

1. Contacting daycare2me Inc.

1448 Chandler Avenue NW  
Concord, NC 28027  
[talk2us@preschool2me.com](mailto:talk2us@preschool2me.com)  
980.272.1866

2. Collected and Stored Information

daycare2me Inc. captures child information (Pictures, Name, Parent's Name and Email), Pre-school information (Name, contact information) and Teacher information (Name and Email address) only. All of this information is stored using 256-bit SSL security.

Information we collect from you may be used to customize the content to your individual preferences (like lesson plans, photo restrictions etc.). We may also use this information to send periodic communication (emails, newsletters and app updates). Email address associated with an individual's account allows access to only restricted information pertaining to that individual.

We will NOT use Child or Teacher information now or in future for marketing purposes. We may contact parents and teachers for software updates. We will never share this information with third party or any external entity. We may contact pre-school owners for surveys, future releases, feedback and newsletters.

Neither any child related content (pictures, videos, text) captured by teachers/pre-school owners nor the identity of location of the pre-school they attend shall be posted publicly. Any pictures or videos taken of the child shall not include any images of children other than your own.

3. Consent to collect information

Daycare2me Inc. will obtain explicit consent from parent/guardian before allowing parent/guardian to login to preschool2me services. Childcare centers (Preschools, Daycare centers etc.) may collect parental consent or notify parents/guardians of preschool2me services before registering their children with preschool2me services.

4. Refusal from Parents or Legal Guardians

Parents or Legal Guardians may refuse or request any child information to be removed from our systems by contacting pre-school owners or emailing us at [talk2us@preschool2me.com](mailto:talk2us@preschool2me.com).

5. Business Transitions

In the event that we go through a business transition (merger, acquisition or sale), you will be notified via prominent notice on our site prior to a change of ownership or control of personal information. At such a critical juncture, you will be required to provide an explicit consent even if consent was provided earlier.

6. Notification of Changes

We may amend this Privacy Policy from time to time. If we make any substantial changes, we will alert of these changes and require parent/guardian to provide an explicit consent even if consent was provided earlier.

parent signature: \_\_\_\_\_

Tuition<sup>®</sup>  
Express

*Automated Payment Processing*  
*Safe – Convenient – Easy*

We are excited to offer the safety, convenience and ease of Tuition Express<sup>®</sup>—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**

(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)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized 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
<b>Attach Voided Check Here</b>		
Pay to the order of: _____ \$ _____ Deposit slips not accepted _____ Dollars		

A service of

