

Date of Birth: _____

VILLAGE PRESCHOOL/DAYCARE
APPLICATION FOR ADMISSION

Applying for:

_____ 2 year old 5-day class
 _____ 3-year-old 5-day class
 _____ 4-year-old 5-day class

_____ 3-year-old 4-day class
 _____ 4-year-old 4-day class

STUDENT INFORMATION
 PLEASE PRINT

CHILD'S NAME: _____ NAME CALLED: _____

ADDRESS: _____
Street, City, State, Zip

HOME PHONE NUMBER: _____

STUDENT RESIDES WITH: _____

Male / Female Adopted?: ☐ Yes ☐ No Place of Birth: _____

Name and Address of Present School: _____

Does the student have any physical, emotional or learning difficulties? If so, please explain.
 _____Has this child ever been dismissed from a school or program? If so, please explain.
 _____Please give any information concerning your child, which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes).

List other children in the family, oldest to youngest:

Name _____	Date of Birth _____	Grade _____	School _____
Name _____	Date of Birth _____	Grade _____	School _____
Name _____	Date of Birth _____	Grade _____	School _____

In the event we need to contact you during the day, please list the names and numbers, in order of call preference, that you would like to be contacted:

1. Name: _____ Telephone: _____ Location: _____
 2. Name: _____ Telephone: _____ Location: _____
 3. Name: _____ Telephone: _____ Location: _____

MOTHER'S INFORMATION

MOTHER'S NAME: _____

ADDRESS: _____
Street, City, State, ZipPHONE NUMBER: _____
Home, Work, Cell Phone, Pager

PLACE OF EMPLOYMENT: _____

Are you a member of a church? If so, where? _____

FATHER'S INFORMATION

FATHER'S NAME: _____

ADDRESS: _____
Street, City, State, ZipPHONE NUMBER: _____
Home, Work, Cell Phone, Pager

PLACE OF EMPLOYMENT: _____

Are you a member of a church? If so, where? _____

MISCELLANEOUS

Who can we thank for referring you to us? _____

Please tell us your reason for selecting Village Preschool/Daycare? _____

-
-
- I acknowledge that the foregoing information is true and accurate.
 - I understand that there are no refunds on fees.
 - I have read and understand the Code of Conduct, Biting Policy and Safety Information Sheets and Policies.
 - I absolve the Preschool from liability to me or my child because of any injury at the Preschool or during a Preschool activity.
 - I understand that if my child is accepted as a student, he/she will be given instruction in religion according to the doctrine and worship of Village Baptist Church.

Signature or Parent_____
Date of Application

Financial Contract Agreement
Village Baptist Preschool & Daycare
 2010-2011

Program Fees

Registration Fee \$85.00 (Non Refundable)

Curriculum Fees: 2 yr. old \$35.00 3 yr. old \$75.00 4 yr. old \$85.00

Please initial next to the program in which you are enrolling your child. You may choose to pay tuition in full on August 1, 2009 or in ten monthly installments.

Programs Offered	Yearly Tuition	Monthly Tuition
Two Year Old Full Day Program	\$6,250.00 _____	\$625.00 _____
Three Year Old Full Day Program	\$5,850.00 _____	\$585.00 _____
Four Year Old Full Day Program	\$5,850.00 _____	\$585.00 _____
Three Year Half-Day Program		
Monday – Thursday	\$3,500.00 _____	\$350.00 _____
Four Year Half Day Program		
Monday –Thursday	\$3,500.00 _____	\$350.00 _____

I _____ am the parent/guardian of _____.

I understand my tuition for the 2010-2011 school year is \$ _____.

I agree to pay the tuition in full in the amount of \$ _____.

OR

I agree to pay the tuition in monthly installments of \$ _____.

A 15% discount will be given to the youngest child if you have an additional child enrolled in the preschool or for one additional sibling enrolled in VCA.

Please list siblings for which this discount would apply: _____ grade: _____
 _____ grade: _____
 _____ grade: _____

Parent/guardian is responsible for notifying the office of any changes that will reflect this discount.

I understand that a late fee of \$10.00 will be charged to my account if my monthly tuition is not paid by the tenth of each month.

There will be a \$25.00 service fee for all returned checks.

I understand that there will be no reduction in tuition fees due to holiday closings, vacations, absences or inclement weather.

In the event you must withdraw your child from our program, a one-month notice must be provided in writing to the office. If this notice is not provided, the full month tuition payment will be due.

 Parent/Signature

 Date

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and other, 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 DO:

- Praise, reward and encourage the children.
- Reason with and set limits for the children
- Model appropriate behavior for the children
- Modify the classroom environment to attempt to preen problems before they occur.
- Listen to the children.
- Provide alternative for inappropriate behavior to the children.
- Provide the children with natural and logical consequences of their behavior.
- Treat the children as people and respect their needs, desires and feelings
- Ignore minor misbehaviors
- Explain things to children on their levels.
- Use short supervised periods of "time-out"
- Stay consistent in our behavior management program.

We DO NOT:

- Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children
- Make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse the children.
- Shame or punish the children when bathroom accidents occur.
- Relate discipline to eating, resting or sleeping
- Leave the children alone, unattended or without supervision.
- Place the children in locked rooms, closets or boxes as punishment.
- Allow discipline of children by children.
- 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.

Parent or Guardian Signature

Date

Medical Release

The Preschool's procedure in case of emergency, such as sudden illness or serious accident, is:

1. To render first aid and call 911 if necessary
2. To contact parent or parent approved persons listed on this application.

DOCTOR: _____ PHONE: _____

HOSPITAL PREFERENCE: _____

IN THE EVENT MY CHILD NEEDS EMERGENCY MEDICAL ATTENTION, VILLAGE BAPTIST PRESCHOOL & DAYCARE PERSONNEL HAVE MY PERMISSION TO ACT ACCORDINGLY.

Parent Signature

Date

Insurance Information

Our insurance carrier requires that we have each child's insurance information on file. We provide excess medical coverage in the event your child should be injured on school premises. Our insurance will cover any amount your insurance does not or if you do not have any insurance at all. Please fill out the information below.

CHILD'S NAME: _____ Social Security Number: _____

FATHER'S NAME: _____ Social Security Number: _____

MOTHER'S NAME: _____ Social Security Number: _____

INSURANCE CARRIER: _____ Policy Number: _____

Expiration Date of policy: _____

EMERGENCY INFORMATION

CHILD'S NAME _____

MOTHER'S NAME _____

HOME # _____

WORK # _____

CELL # _____

TO CONTACT 1ST _____

FATHER'S NAME _____

HOME # _____

WORK # _____

CELL # _____

TO CONTACT 1ST _____

If the above cannot be reached, list at least two people we may contact in the event of an emergency or sickness pertaining to your child. These people will also be allowed to pick up your child in the event that the parent or guardian is unable to.

NAME & RELATION _____

(home, work, cell) _____

NAME & RELATION _____

(home, work, cell) _____

NAME & RELATION _____

(home, work, cell) _____

NAME & RELATION _____

(home, work, cell) _____

CODE: _____

Allergy Alert

Please complete the statement that refers to your child.

☐ My child, _____ has no known allergies.

☐ My child, _____ is allergic to the following (food, medication, products.)

Parent Signature_____
Date

PERMISSION SLIP

NOTE: IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO INFORM THE PRESCHOOL OF ANY CHANGES. CHILDREN WILL NOT BE ALLOWED TO PARTICIPATE IN ANY ACTIVITY FOR WHICH ADVANCE PERMISSION HAS NOT BEEN GIVEN. YOU WILL BE GIVEN ADVANCE NOTICE OF ALL FIELD TRIPS.

My child, _____, has permission to do the following while in the care of Village Baptist Preschool and Daycare:

<input type="checkbox"/> Ride in the provider's car	<input type="checkbox"/> Go on field trips
<input type="checkbox"/> Go to the park	<input type="checkbox"/> Skating
<input type="checkbox"/> Go for walks	<input type="checkbox"/> Library
<input type="checkbox"/> Ride a bike/tricycle	<input type="checkbox"/> Play in the water
<input type="checkbox"/> Zoo	<input type="checkbox"/> Other _____

Parent Signature

Date

.....

Village Baptist Preschool & Daycare web page

<http://villagebc.org> is the church's web site from which the preschool & daycare have a link. We post parent information such as our monthly newsletter on the site as well as pictures from special events and activities held through the preschool. Please circle one response below and sign.

Yes, I / No, I do not give permission for my child's photograph to be placed on the web site, <http://villagebc.org>.

Parent Signature

Date

.....

Sunscreen

I give Village Baptist Preschool & Daycare personnel permission to apply sunscreen, that I have brought to school labeled with my child's name, to my child's exposed skin, including face as needed when participating in outside activities.

Parent Signature

Date

.....

Preschool Directory

I give Village Baptist Preschool & Daycare permission to include my information in the preschool directory. I understand that this directory will only be released to families in the preschool & daycare. The information circled below may be included in the directory. (Information will be taken from application form 1)

Mother's Name	Father's Name	Preschool sibling's name
Mother's Address	Father's Address	email: _____
Mother's Phone	Father's Phone	Please also list my business: _____
		Business phone & address: _____

Parent Signature

Date

Code of Conduct

Village Preschool/Daycare requires the maintenance of good order and conduct in the preschool, in order to provide the proper atmosphere that is required to educate and train our students. All students shall comply with this Code of Conduct. This code applies to any student who is on the church property, representing the preschool or whose conduct at any time or place has a direct effect on maintaining order and discipline in the preschool.

- **Dress:** the dress requirements as stated in the handbook must be followed. The wearing of clothing which is deemed disruptive, or that endangers the health or safety of the student or others is not permitted. Remember that the student must wear soft-soled, closed toe shoes, preferably tennis shoes, with socks. No loose fitting sandals or flip-flops are permitted.
- **Soiling of Clothes:** Parents certify that their child is potty trained before they are admitted to the preschool (excluding two-year old program). Parents will be notified when their child soils their clothes and are expected to respond immediately to correct the situation. Preschool personnel are precluded from changing a student's soiled clothing. Students who soil their clothing may not be permitted to participate in classroom activities as this may cause embarrassment for them or health problems.
- **Verbal Abuse/Disrespect:** Participation in any verbal, or non-verbal (gesture) action that prevents an orderly and peaceful learning environment is not permitted. Cursing, using vulgar, obscene, or abusive language or gestures, including slurs or insults intended to mock a person's race, sex, national origin, or ability, or using offensive or degrading language or gestures are specifically prohibited.
- **Peer Relations:** Engaging in behavior, which is abusive or not considerate of others while in the preschool.
- **Disruption:** Using passive resistance, noise, threat, fear, intimidation, coercion, force, violence or any other form of conduct that causes disruption in the preschool, or urging any other student to engage in such conduct.
- **Threats:** Directing toward any person within the preschool any language, gesture, inappropriate physical contacts, or act that constitutes a threat of force or violence is prohibited.
- **Fighting:** Hitting, shoving, scratching, biting, spitting, blocking the path of, or throwing objects at another person in the preschool.
- **Theft:** Stealing, attempting to steal, or knowingly being in possession of stolen property.
- **Damage to Property:** Intentionally damaging or attempting to damage or deface preschool, church, or the property of others while under preschool jurisdiction.
- **Arriving and Leaving School:** When a student arrives or leaves daycare, he or she must be signed in and out by a parent or guardian or officially designated person who has been authorized in writing to drop off or pick up the student. A student will not be allowed to leave the preschool grounds without prior approval from a preschool official and under the supervision of authorized persons.
- **Assault:** Assaulting (physically or verbally) causing or attempting to cause injury or behaving in such manner that could reasonably cause injury to any preschool or church employee or other student.
- **Possession of Weapons:** Handling or having any knife, razor, firearm, explosive (including toys) or other object that could be considered a weapon or dangerous instrument.

PENALTIES: For violations of the above provisions, the student may be given additional assignments, placed in Time Out, loss of preschool privileges, or approved non physical punishment as the preschool deems necessary and as stated in the discipline and behavior management policy. Repeated violations of these provisions may result in dismissal from the preschool.

My signature below acknowledges the fact that I have read the school's Code of Conduct and have explained it to my child.

We understand the standards of conduct that are expected by the school, what is considered inappropriate behavior, and the consequences associated with violations of the school's Code of Conduct.

Student's Name: _____ Date: _____
Please print

Parent or Guardian Signature: _____ Date: _____

"Time- Out"

"Time-out" is the removal of a child for a short period of time (one minute per age of the child) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from the classroom activity but within the teacher's sight. During "time-out", the child has a chance to think about the misbehavior, which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect as shown the other children.

Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College

BITING POLICY

The first time a child bites on any given day, the parent will be contacted by phone. The second time a child bites that day, the parent will be called to come pick the child up.

After the first sixty days of enrollment, if the child continues to bite, he/she will be dismissed from the preschool program.

Signature of Parent/Guardian

Date

Potty Training

I understand that all children enrolled in the three and four year old programs must be fully potty trained by the first day of preschool. I understand that a child having two or more accidents in one day or reoccurring accidents each day is considered to not be potty trained and the parent will be contacted to come to the preschool as needed.

Parent Signature

Date

SAFETY

The safety and protection of the students is of paramount concern for us. They have the right to work, play and learn in an environment that assures them and their families that they are in a safe environment. As a result, no intimidation or horseplay will be tolerated.

If parents intend to visit any place in the preschool other than the office, they will sign in through the preschool office and have a visitor's pass issued before visiting a classroom or any other part of the preschool, church or academy. A church, academy or preschool pass will suffice. We ask your support and assistance in strictly enforcing this policy.

Please report any strangers and/or strange behavior immediately to a church, academy or preschool authority. All church, academy and preschool employees are required to wear security identification passes that are clearly visible at all times.

Additionally, the school has implemented a CODE WORD policy. This procedure will help ensure that in the event pick-up and drop-off information must be telephoned concerning your child, that it is legitimate. You will be required to give this code before any phoned in changes in who picks up a student will be allowed. The CODE can be any combination of words, letters or numbers you choose. (Example: red32, chips ahoy, 7gol 1). The key is that you not share this information with anyone, unless you have allowed him or her to pick up your child. We will still be checking identification for non-parent or guardian pickups, but we hope this will add another element of safety for your child.

Please complete the following:

CODE WORD: _____

Child's Medical Report

To be completed by child's physician.

Child's Name _____ DOB: _____

Physical Examination: This examination must be completed and signed by a licensed physician or his/her authorized agent who is currently approved by the North Carolina Board of Medical Examiners.

Weight _____ Height _____ Head _____ Chest _____ Throat _____ Neck _____ GU _____
Ext _____ Neurological System _____ Teeth _____ Skin _____ Head _____ Eyes _____ Ears _____

Result of Tuberculin Test _____

Type

Results

Should activities be limited? _____

Recommendations: _____

Signature of Physician or authorized agent

Date of examination

Office Address

Office Telephone Number

Immunization History:

The physician must enter the date each immunization was received, G.S. 1 30-90(B) requires all daycare facilities have this information on file.

Enter date of EACH dose- Month, date and year.
Copies of immunization reports are not sufficient.

VACCINE	#1	#2	#3	#4	#5
DTP, DtaP, DT					
Polio OPV or IPV					
Hib					
MMR					
Hepatitis B					
Varicella					